

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*Vot. Po. *Paradise Ky*

Ino. Town

City

Registration District No. *7126*

Primary Registration District No.

(No. St., Ward)

2 FULL NAME *Barbara E. Wagner*File No. *9587*Registered No. *2*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the word)6 DATE OF BIRTH *Oct 28, 1859*  
(Month) (Day) (Year)7 AGE *61* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. *Housewife*  
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Ky*10 NAME OF FATHER *Neal Sumner*11 BIRTHPLACE OF FATHER (State or country) *United States*

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) *United States*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *G.W. Wagner*(Address) *Drakesboro Ky*15 Filed *3/7, 1920* *W.S. Cundiff*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 3, 1920*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1919*, to *Mar 3, 1920*, that I last saw her alive on *Feb 27, 1920*, and that death occurred on the date stated above at *9 a.m.* The CAUSE OF DEATH\* was as follows:*Lobar Pneumonia*

.....(Duration)..... yrs..... mos..... ds.

Contributory *Cancer of face*  
(SECONDARY).....(Duration)..... yrs..... mos..... ds.(Signed) *H.D. Newman*, M. D.  
*Mar 3, 1920*, (Address) *Drakesboro Ky*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
*Bell Graveyard (York Ky)* *Mar 4, 1920*20 UNDERTAKER ADDRESS  
*J.R. Kimmel Drakesboro Ky*