

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17708

1 PLACE OF DEATH

County Muhlenburg

File No.

Vol. Pat.

Registration District No. 1096Registered No. 11

Inc. Town

Primary Registration District No.

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

City

(No.

St.,

Ward)

2 FULL NAME

Bertie Walker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

w5 Single Married Widowed or Divorced (Write the word) Married

6 DATE OF BIRTH

May 241925

(Month) (Day) (Year)

7 AGE

28yrs. 1 mos. 29 ds.

IF LESS than 1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work House wife
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ky

10 NAME OF FATHER

Bryant Vincent

11 BIRTHPLACE OF FATHER (State or country)

Ky

12 MAIDEN NAME OF MOTHER

Anna Stewart

13 BIRTHPLACE OF MOTHER (State or country)

Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) Rhea Lock

15

9101925J. Keener

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 271925

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from June 28, 1925, to July 27, 1925;that I last saw her alive on July 27, 1925,and that death occurred on the date stated above at P.O. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Bowls

(Duration) yrs. mos. ds.

Contributory (Secondary) various(Duration) yrs. 3 mos. ds.(Signed) J. C. Woodburn, M. D.1925 (Address) Lebanon

*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 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

East Union B.S.July 28, 1925

20 UNDERTAKER

ADDRESS

M. B. McDonaldGreenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
No. 2—Every item of information should be carefully supplied. AGE should be given in full. CAUSE OF DEATH in plain text, so that it may be properly classified. List statement of OCCUPATION in very important. See instructions on back of certificate.