

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

21893

1 PLACE OF DEATH
County Barren
Vot. Pot. _____ Registration District No. 410
Inc. Town _____ Primary Registration District No. 2145
City Auruboro (No. 421 Laurel St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)
2 FULL NAME Mrs Mary E Wallace
(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
Divorced
(Write the word)
5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____
6 DATE OF BIRTH Jan 6 1894
(Month) (Day) (Year)
7 AGE 88 yrs. _____ mos. _____ ds. IF LESS than 1
day _____ hrs
or _____ min?
8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (State or country) Ky
10 NAME OF FATHER Geo. B. Waller
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky
12 MAIDEN NAME OF MOTHER Margie Hutton
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 (Informant) Mrs J B Hucker
(Address) 421 Laurel St

15 Sept 21 1928 C R Kamm
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 9 19 1928
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased
from 9-19-1928, 1928, to 9-20-1928, 1928
that I last saw him alive on 9-20-1928, 1928
and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH was as follows:
apoplexy
Contributory _____ (Duration) _____ yrs. _____ mos. 2 ds.
(Secondary) and known
_____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Physical signs
(Signed) G. L. Barr, M. D.
9-21, 1928 (Address) Auruboro Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Greenville Sept 21, 1928
20 UNDER-TAKER M Campbell CODES Cherry

MARGED REPRODUCED FOR INDEXING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.