

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg Co.
Vol. No. 15
Incl. Town
City Clinton (No. St. Ward)

File No. 19292Registered No. 190

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

FULL NAME x Alberta May Walls

7135

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF BIRTH 7 - 22 / 1914
(Month) (Day) (Year)

AGE 2 yrs. 7 mos. 9 ds. H LESS than 1 day... hrs. or... min.?

OCCUPATION
(a) Trade, profession, or particular line of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

BIRTHPLACE (State or country) Ky

PARENTS
10 NAME OF FATHER Paschal Walls
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Lillian Lewis
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Paschal Walls
(Address) Clinton Ky

15 PLACE OF BURIAL OR REMOVAL Miller Cemetery
16 UMBRETTAKER Clinton and Co
17 DATE OF BURIAL 7-26-1914
18 ADDRESS Clinton Ky

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 25, 1914
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from July 25, 1914 to July 25, 1914, what I last saw her alive on July 25, 1914, and that death occurred, on the date stated above, at 11.0 a.m.

The CAUSE OF DEATH* was as follows:
Obstruction of Bowels
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) Harry G. Lister, M. D.
July 25, 1914 (Address) Clinton, Ky

*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS) in the place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

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