

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

PLACE OF DEATH
County Muhlenberg Co.

Vol. Ed. Baggers

Ino. Term Greenville

City Greenville

Registration District No. 871

Primary Registration District No. 2436

(No. St., Ward)

FULL NAME Jellie Ward

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX F 4 COLOR OR RACE W 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

6 DATE OF BIRTH June 16 1857
(Month) (Day) (Year)

7 AGE 65 yrs. 2 mos. 5 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Warren County

10 NAME OF FATHER John H. Waddle

11 BIRTHPLACE OF FATHER (State or country) Warren Co.

12 MAIDEN NAME OF MOTHER Junie Ricks

13 BIRTHPLACE OF MOTHER (State or country) Warren Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clyde Ward

(Address) St. Louis, Mo.

15 3/22/22 W. Weekley
Filed W. Weekley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3/21 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1922, to March 21, 1922, that I last saw h. alive on March 21, 1922, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows:

Cellulitis, streptococci involving nose, pharynx & larynx causing acute septicaemia
(Duration) 7 yrs. 7 mos. 7 ds.

Contributory Endocarditis, acute
(SECONDARY) (Duration) 3 yrs. 3 mos. 3 ds.

(Signed) Chas. W. ..., M. D.
3/21, 1922 (Address) Greenville

*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 Morgantown, Ky. DATE OF BURIAL 3/23 1922

20 UNDERTAKER ... ADDRESS Greenville, Ky.

RESERVED FOR IMPROVEMENT

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN 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.