

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. Summers # 14 Registration District No. 7134
Inc. Town..... Primary Registration Dist. No.....
City..... (No..... St.)..... Ward)

File No. 2561
Registered No. 1

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

2 FULL NAME Mary Jane Ward

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 July 8, 1897
(Month) (Day) (Year)
7 AGE 7 1/2 yrs. 2 mos. 1 ds. If LESS than 1 day... hrs. or... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Christian Co. Ky
10 NAME OF FATHER Richard Young
11 BIRTHPLACE OF FATHER (State or country) Christian Co. Ky
12 MAIDEN NAME OF MOTHER Rebecca Whalen
13 BIRTHPLACE OF MOTHER (State or country) Christian Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Katie Richey
(Address) Greenville, Ky

15 Filed 1/31, 1913 S. A. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 2, 1913.
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1912, to Jan 1st, 1913, that I last saw her alive on Jan 1st, 1913, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia
(Duration)..... yrs..... mos..... ds.
Contributory..... (SECONDARY)
(Duration)..... yrs..... mos..... ds.
(Signed) T. J. Edge, M. D.
1/3/1913 (Address) Greenville, 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 Antioch Graveyard DATE OF BURIAL Jan 3rd, 1913.
20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky