

1912

Form V. S. - 50m-1-27-27

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

File No.

Registered No.

1 PLACE OF DEATH

County MuhlenbergVol. No. 1093

Ine. Town

City

Registration District No. 1093Primary Registration District No. 6829(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Elizabeth A. Warner

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single Married Widowed or Divorced (Write the word) <u>widowed</u>
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6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Dec 16 1869
(Month) (Day) (Year)7 AGE 58 yrs. 4 mos. 15 ds.
IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) ky
(State or country)

PARENTS

10 NAME OF FATHER Jim Whitehead11 BIRTHPLACE OF FATHER (city or town) ky
(State or country)12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (city or town) Don't know
(State or country)14 (Informant) James Warner(Address) Mercer ky15 Filed 8/22/27 OB Whittle Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 19.....
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 22, 1927, that I last saw her alive on Aug 21, 1927, and that death occurred on the date stated above at 4 a m. The CAUSE OF DEATH* was as follows:Nephritis (Condyuma) chronicContributory Edema
(Secondary) (Duration) yrs. 6 mos. ds.

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. C. Woodburn, M. D.
Aug 24 1927 (Address) Luzerne 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 Page B. A. DATE OF BURIAL Aug 22, 192720 UNDERTAKER M. B. McDonald ADDRESS Greenfield ky

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.