

12640

Form V. S. 2-200m-6-19-19

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

County *Muhlenberg*

CERTIFICATE OF DEATH

File No.

Vot. Pct. *Rosewood*

Registration District No. *#436*

Registered No.

Inc. Town

Primary Registration District No. *XXY1091*

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

City

(No.

St.

Ward)

2 FULL NAME *Mrs Livia Welch*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*

4 COLOR OR RACE *white*

5 Single *widowed*
Married
Widowed
or Divorced
(Write the word)

16 DATE OF DEATH *May 21, 1924*

(Month) (Day) (Year)

6 DATE OF BIRTH

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 8, 1924* to *April 10, 1924*, that I last saw *her* alive on *April 10, 1924*, and that death occurred on the date stated above at *6 P.M.*

7 AGE *about 68*

... yrs. ... mos. ... ds.

IF LESS than 1 day ... hrs. or ... min?

The CAUSE OF DEATH* was as follows

Chronic nephritis

8 OCCUPATION

(a) Trade, profession or particular kind of work *Housekeeper*

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

(Duration) *don't know* yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) *Todd Co. Ky*

Contributory (Secondary) *Apoplexy*

(Duration) *1* yrs. *2* mos. *2* ds.

10 NAME OF FATHER *Harrison*

11 BIRTHPLACE OF FATHER (State or country) *Don't know*

12 MAIDEN NAME OF MOTHER *McGee*

13 BIRTHPLACE OF MOTHER (State or country) *Don't know*

(Signed) *L. D. Whitaker*, M. D. *May 28, 1924* (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.

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *A. T. Harrison*

(Address) *Cleary, Ky*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted,

if not at place of death?

Former or usual residence

15

Filed *5/22/24* 1924

A. T. Harrison
Cleary, Ky
Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL *May 22, 1924*

20 UNDERTAKER

ADDRESS *McDonald & DeWitt Greenville, 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.