

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

26908

1 PLACE OF DEATH
County Muhlenberg

Vot. Precinct Central City

Ino. Town Central City

Registration District No. 1095 1087
Primary Registration District No. 79

File No.

Registered No.

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

City (No. St., Ward)
2 FULL NAME Mrs Sarah Francis White

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH 1898
(Month) (Day) (Year)

7 AGE 79 yrs. 10 mos. 0 ds.
IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

PARENTS

10 NAME OF FATHER Richard

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard S. White
(Address) Central City, Ky

15 Filed 5/1/27, 191... Dora Napier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3-1-1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-24, 1927, to 3-1, 1927, that I last saw her alive on 2-28, 1927,

and that death occurred on the date stated above at 5:30 AM. The CAUSE OF DEATH* was as follows:
Tuber. Pneumonia

(Duration) ... yrs. ... mos. 5 ds.

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

(Signed) F. T. Foley, M. D.
191... (Address) Central City, 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 Anderson DATE OF BURIAL 3/2/27, 1927

20 UNDERTAKER E. J. Anderson ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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 understood. Give instructions on back of certificate. OCCUPATION is very important.