

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

17749

1 PLACE OF DEATH

County MuhlenbergVol. No. Dummer

Inc. Town

City

Registration District No. 7Primary Registration District No. 6839

St. Ward

2 FULL NAME

Mrs. Abbie Wolters

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 Single Married
Married Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Dec 11, 1993
(Month) (Day) (Year)

7 AGE 31 yrs 6 mos 17 ds.
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER John Kettinger

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Garnett
Monte Garnett

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G. J. Sparks(Address) BremenFile Aug 1, 1925 Bessie Sparks Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June, 1923, to June 22, 1925, that I last saw him alive on June 22, 1925, and that death occurred on the date stated above at 4 P.M.

The CAUSE OF DEATH* was as follows:

Subacute Lung
(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) 2 yrs. mos. ds.(Signed) J. Woodburn, M. D.192 (Address) Bremen

*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 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 DATE OF BURIAL

Briar Creek June 28, 1925

20 UNDERTAKER ADDRESS

J. B. Tucker Bremen

PARENTS REGISTERED FOR SERVICE

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 language, so that it may be properly classified. Fact statement of OCCUPATION is very important. See instructions on back of certificate.