

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

1 PLACE OF DEATH
County Muhlenburg
Vol. Pat. Rosewood
Inc. Town Country
City _____ (No. _____ St.; _____ Ward)

File No. 16310
Registered No. 7129
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Kalia Wines

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If write the word) single

6 DATE OF BIRTH June 6 24, 1912
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 2 ds. If LESS than 1 day 48 hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. had none
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenburg Co Ky

PARENTS
10 NAME OF FATHER John P. Wines
11 BIRTHPLACE OF FATHER (State or country) Warren Co Ky
12 MAIDEN NAME OF MOTHER Renie Garner
13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed June 27, 1912 H. H. Wines
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 6 26, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1912, to June 26, 1912 that I last saw her alive on June 24, 1912 and that death occurred, on the date stated above, at 2 P. M.

The CAUSE OF DEATH* was as follows:
do not see I did not see it any more after it was Born it seemed to be all right
(Duration) _____ yrs. _____ mos. 2 ds.

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

(Signed) J. H. Smith, M. D.
July 16, 1912 (Address) Leisure 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 _____ DATE OF BURIAL 6-7-1912

20 UNDERTAKER H. H. Wines ADDRESS Leisure Ky

DELAY

WRITE PLAINLY. WRITE CAREFULLY. WRITE IN INK. WRITE IN A FRESH PLACE. Every item of information should be correctly reported. AGE should be stated EXACTLY. OCCUPATION 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.