

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

1 PLACE OF DEATH

County Muhlenberg

Reg. Dist. No. 27122

File No. 16476

Inc. Town: Primary Registration District No. 2

Registered No. 5

City: (No.) St., Ward

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

2 FULL NAME Eula Wright

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 6 / 21 / 1914
(Month) (Day) (Year)

6 DATE OF BIRTH April 2, 1888
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 19, 1914, to June 21, 1914, that I last saw her alive on June 21, 1914, and that death occurred on the date stated above at 9.4 a.m. The CAUSE OF DEATH* was as follows:
arteriosclerosis

7 AGE 1.6 yrs. 2 mos. 2 ds. IF LESS than 1 day... hrs. or... min.?

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

(Duration) yrs. mos. 3 ds.
Contributory (SECONDARY) arteritis
(Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER E. D. Wright

(Signed) L. A. Oltus, M. P.
June 21, 1914. (Address) Palmerus, Ky.

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Lucy Turner

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. W. Wright
(Address) Michlauer

19 PLACE OF BURIAL OR REMOVAL Charles Chapel DATE OF BURIAL June 22, 1914

15 Filed 7.1 June 1914

20 UNDERTAKER L. B. Tucker ADDRESS Bruning

NAME ENTERED FOR INDEXING

NOTE: PLAINLY WITH WRITING. SEE THIS IS A PRELIMINARY REPORT. It is merely a form of information and is to be carefully examined. All entries should be checked with the original records. If there is any discrepancy, the Registrar should make a note of the same in plain terms, so that it may be properly checked. Great attention should be given to the date of death. See instructions on back of certificate.