

COMMONWEALTH OF KENTUCKY

2086

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County MuhlenbergVol. No. X 22Registration District No. 1088Registered No. 5Inc. Town DrakesboroPrimary Registration District No. 6822

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

City _____

Hy. No. _____

St. _____

Ward _____

2 FULL NAME Lizzie Wright

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE negro 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)16 DATE OF DEATH Jan 16, 1924
(Month) (Day) (Year)6 DATE OF BIRTH Aug 23, 1850
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 16, 1924 to Jan 17, 1924,
that I last saw her alive on Jan 16, 1924,7 AGE 73 yrs. 4 mos. 23 ds.
IF LESS than 1 day _____ hrs. or _____ min?and that death occurred on the date stated above at 10 P. m.
The CAUSE OF DEATH* was as follows:8 OCCUPATION
(a) Trade, profession or particular kind of work. Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer) _____Mitral regurgitation
(Cardiac Insufficiency)
(Duration) 1 yrs. _____ mos. _____ ds.9 BIRTHPLACE (State or country) Calhoun KyContributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.10 NAME OF FATHER Henry Heron(Signed) H. Newman
Jan 17, 1924 (Address) Drakesboro Ky11 BIRTHPLACE OF FATHER (State or country) Calhoun Ky
U.S.A.

*State the Disease Causing Death, or, in deaths from violent Cause state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER (Not known)18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place _____ yrs. _____ mos. _____ ds. In the
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.13 BIRTHPLACE OF MOTHER (State or country) U.S.A.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) Alvin Hines (col)
(Address) Drakesboro Ky19 PLACE OF BURIAL OR REMOVAL South Carroll DATE OF BURIAL 1-18-2415 FILED 1-17-24 J. R. Kimmel Registrar20 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro Ky