

1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

County Muhlenberg

CERTIFICATE OF DEATH

Vot. Pot. Count House

Registration District No. 871

File No. 2002

Ino. Town .....

Primary Registration District No. 7130

Registered No. ....

City .....

(No. .... St., .... Ward)

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

2 FULL NAME Jessie Wyatt

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6 DATE OF DEATH Dec 30, 1920  
(Month) (Day) (Year)

6 DATE OF BIRTH March 1, 1855  
(Month) (Day) (Year)

7 I HEREBY CERTIFY, That I attended deceased from July 17, 1920, to July 27, 1920, that I last saw her alive on July 27, 1920, and that death occurred on the date stated above at 9 A.M. The CAUSE OF DEATH\* was as follows:

7 AGE 84 yrs. 9 mos. - ds. IF LESS than 1 day ... hrs. or ... min.?

Paralysis agitans.

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

(Duration) 3 yrs. .... mos. .... ds.

9 BIRTHPLACE (State or country) Muh. Co. Ky.

Contributory Unconscious (SECONDARY) .....

10 NAME OF FATHER Needham Wyatt

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

11 BIRTHPLACE OF FATHER (State or country) Texas

(Signed) Henry Y. Dlaton, M. D. Dec 30, 1920 (Address) Greenville, Ky.

12 MAIDEN NAME OF MOTHER Don't know

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) .....

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.D. Blackwell (Address) Greenville, Ky.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

15 Filed 1/15, 1921 W.D. Blackwell REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Pleasant Hill Bury DATE OF BURIAL Dec 31, 1920

20 UNDERTAKER M. Donald & White ADDRESS Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERK. JENT RECORD

N. B.—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 properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.