

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

26602

1 PLACE OF DEATH  
County Muhlenberg  
Vol. West Court House  
Inc. Town  
City

Registration District No. 1093  
Primary Registration District No. 6831

File No. 26602  
Registered No.  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Geneva L. Campbell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE White  
5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH June 27 1887  
(Month) (Day) (Year)  
7 AGE 36 yrs. 3 mos. 23 ds.  
IF LESS than 1 day..... hrs. or..... min?  
8 OCCUPATION  
(a) Trade, profession or particular kind of work. Housekeeper  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.  
10 NAME OF FATHER J. F. Husson  
11 BIRTHPLACE OF FATHER (State or country) Feun.  
12 MAIDEN NAME OF MOTHER Mary Cashier  
13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) L. M. Campbell  
(Address) Greenville Ky.

15 Filed 10/21/23 Ch. B. Wickliffe  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 19 1923  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from July 1 1923, to Oct 19 1923, that I last saw her alive on Oct 11 1923, and that death occurred on the date stated above at 2 A. M.

18 THE CAUSE OF DEATH\* was as follows:  
Carcinoma of Right Breast

(Duration) 1 yrs. 6 mos. 0 ds.  
Contributory (Secondary)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Gandell Wilson, M. D.  
10/25 1923 (Address) Greenville Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted,  
if not at place of death?  
Former or usual residence \_\_\_\_\_

20 PLACE OF BURIAL OR REMOVAL Woodland B. G. DATE OF BURIAL Oct 21 1923  
21 UNDERTAKER McDonald & DeWitt ADDRESS Greenville Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.