

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. No. West RoggertRegistration District No. 872File No. 19279

Inc. Town

Primary Registration Dist. No. 7132Registered No. 56

City

(No. _____)

St. _____

Ward _____

(If death occurred in a hospital or institution give the name, number of street and number.)

2 FULL NAME Verda Carter

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---------------------------------|--|
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u> |
| 6 DATE OF BIRTH <u>April 28th</u> (Month) (Day) (Year) <u>1914</u> | | |
| 7 AGE <u>2</u> yrs. <u>9</u> mos. <u>1</u> ds. | | 8 IF LESS than 1 day....hrs. or....min.? |

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

10 BIRTHPLACE (State or country)

Muhlenberg

10 NAME OF FATHER

Joe T. Carter

11 BIRTHPLACE OF FATHER

Muhlenberg

12 MAIDEN NAME OF MOTHER

Rosa Lena Tucker

13 BIRTHPLACE OF MOTHER

Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe T. Carter(Address) Greenville St.

15

File July 27, 1914 W. H. Branch

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26th
(Month) (Day) (Year) 1914

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

that I last saw him _____ alive on _____, 191____,

and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:

Supplications

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

Contributory (Secondary)

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

(Signed) Geo. B. Young CorcoranJuly 27, 1914 (Address) Wickliffe City, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, and

(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. State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL

Wickliffe Cemetery

DATE OF BURIAL

July 27, 1914

20 UNDERTAKER

W. H. Branch

Address

Greenville St.