

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

File No. 10
Registered No.

PLACE OF DEATH
Greenwood
Vol. No.
Ins. Title Rural
City Greenwood
FULL NAME Alex. S. Carter

Registration District No. 7129
Primary Registration District No.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)
DATE OF BIRTH May 18 1845
(Month) (Day) (Year)
AGE 72 yrs. 4 mos. 10 ds.
IF LESS THAN 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Mich. Co. Kent

10 NAME OF FATHER Williamson Travis

11 BIRTHPLACE OF FATHER (State or country) S. C.

12 MAIDEN NAME OF MOTHER Helen

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. P. Wines
(Address) Greenville, Ky.

15 Filed 9/29 1917 Victor Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 29 1917
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from 9/21 1917 to 9/27 1917; that I last saw her alive on 9/27 1917; and that death occurred on the date stated above at 5:30 p.m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
with Emphysema
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.
(Signed) J. N. Smith, M. D.
Sept. 29, 1917. (Address) Greenville, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SOCIAL or HOMICIDAL.
16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the State ... yrs. ... mos. ... ds.
At place of death ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

17 PLACE OF BURIAL OR REMOVAL Greenwood B. G. DATE OF BURIAL 9/29 1917
18 UNDERTAKER Victor Jenkins ADDRESS Greenville

* WITH UNFADING INK—THIS IS A PERMANENT RECORD. Should be carefully examined. All other records are made in plain language, so that it may be read by those unacquainted with the technical terms of medicine. See instructions on back of certificate.

24