

19228

Form V. S. 1-125m-4-19-19

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

File No. 22

1 PLACE OF DEATH

County Muhlenberg

Vet. Post East Bend Creek

Inc. Town.....

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

Registration District No. 8092  
Primary Registration District No. 6827

Registered No.....

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

2 FULL NAME Mrs Carrie May Carter

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 April 1994  
(Month) (Day) (Year)

7 AGE 20 yrs. 5 mos. - ds.  
IF LESS than 1 day - hrs. or - min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work house wife  
(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 Alex Shepworth

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Lizzie Owens

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. Richardson  
(Address) Beech Creek Ky

15 Filed 9/6, 1924 Victor Jenkins  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 21, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 14, 1924, to Aug 21, 1924, that I last saw her alive on Aug 21, 1924, and that death occurred on the date stated above at 6:20 a.m.

The CAUSE OF DEATH\* was as follows:  
Apoplexy

(Duration) - yrs. - mos. - ds.  
Contributory (Secondary) Typhoid fever

(Duration) - yrs. - mos. 7 ds.  
(Signed) W. Richardson, M. D.  
Aug 21, 1924 (Address) Beech Creek Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes state (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 Rosewood DATE OF BURIAL Aug 21

20 UNDERTAKER L. H. Stuart ADDRESS Beech Creek

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS & OTHER STATE CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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