

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

3529

1 PLACE OF DEATH
County Muhlenberg
Vol. Pot. # 4 Registration District No. 270
Inc. Town Central City, Ky Primary Registration District No. 2435
City Central City, Ky (No. St., Ward)

File No.
Registered No. 4
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mary Catherine Casbeer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Jan 17, 1919
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 24, 1836
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1918, to Jan 17, 1919, that I last saw her alive on Jan 17, 1919, and that death occurred on the date stated above at 9 P.M. THE CAUSE OF DEATH* was as follows:

7 AGE 82 yrs. 9 mos. 23 ds. IF LESS than 1 day... hrs. or... min.?

Intermittent fever termin- ating in jaundice together here by many infirmities
(Duration) yrs. mos. ds.

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

Contributory (SECONDARY) (Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Ohio, Co. Ky

(Signed) W.M. Dowell M. D. Jan 25, 1919 (Address) Central City

10 NAME OF FATHER Geo. W. Keland

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Rise

13 BIRTHPLACE OF MOTHER (State or country) Ky

*State of DISEASE CAUSING DEATH, or, is death from VIOLENT CAUSE state (1) MEAN of 1. JURY; 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. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. D. Casbeer (Address) Central City, Ky

19 PLACE OF BURIAL OR REMOVAL Rice Burying Hd. DATE OF BURIAL Jan 19, 1919

20 UNDERTAKER Master Moore ADDRESS Central City

Filed 2-10, 1919 A. B. Standford REGISTRAR

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.