

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

PLACE OF DEATH

County

Vol. No.

Inc. Town

City

FULL NAME

Registration District No.

Primary Registration District No.

(No.)

St., Ward)

File No.

Registered No.

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

November 25, 1899  
(Month) (Day) (Year)

7 AGE

22 yrs. 7 mos. 12 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country) Todd Co. Ky

10 NAME OF FATHER

Will Little

11 BIRTHPLACE OF FATHER

Todd Co. Ky

12 MAIDEN NAME OF MOTHER

Stevens

13 BIRTHPLACE OF MOTHER

Todd Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. J. Keeling  
(Address) Cleaton Ky

15

Filed 7-14-1921 W. H. Moore  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 13, 1921  
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from July 7, 1921, to July 12, 1921, and that I last saw her alive on July 12, 1921, and that death occurred on the date stated above at 11:45 a.m. The CAUSE OF DEATH\* was as follows:

Tubercular Peritonitis  
(Duration) 2 yrs. mos. ds.

Contributory

(SECONDARY)  
(Duration) yrs. mos. ds.  
(Signed) W. C. McNeil, M. D.  
7-17-1921 (Address) Central City, 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.  
In the  
Where was disease contracted,  
if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Emulsion St 7 July 14, 1921

20 UNDERTAKER

J. L. Thomas  
(Address) Cleaton