

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **31600**County MuhlenbergVol. Pat. _____ Registration District No. 205

Registered No. _____

Inc. Town South Carrollton Registration District No. xxv

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

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Elizabeth Wiley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col. 5 Single Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 57 yrs. _____ 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) Muhlenberg10 NAME OF FATHER Green Dennis11 BIRTHPLACE OF FATHER (State or country) Logan County12 MAIDEN NAME OF MOTHER Rachel Blakely13 BIRTHPLACE OF MOTHER (State or country) Logan County14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Eliza Wiley(Address) South Carrollton15 Filed Jan 3, 1923 Registrar Geo E George

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 27, 1923 (Month) (Day) (Year)17 I HEREBY CERTIFY, THAT I attended deceased from Dec 27, 1923, to Dec 27, 1923, that I last saw her alive on Dec 27, 1923, and that death occurred on the date stated above at 11 P.M.

The CAUSE OF DEATH* was as follows:

NephritisContributory (Secondary) Cystitis (Duration) _____ yrs. _____ mos. _____ ds.Signed A. H. Bailey M. D. (Duration) _____ yrs. _____ mos. _____ ds.Dec 27, 1923 (Address) Central City

*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 _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

19 PLACE OF BURIAL OR REMOVAL Odd Fellows Gyd DATE OF BURIAL Dec 29, 192320 UNDERTAKER Geo E George ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.