

FORM V 6 1900M 6-20-11

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

1 PLACE OF DEATH

County *Muhlenberg*Vot. Prec. *Essis* Registration District No. *7127*Ino. Town..... Primary Registration District No. *7*City..... (No. *1* St. *1* Ward *1*)2 FULL NAME *Bynthia Anna Knight*

File No.

Registered No. *4*
 (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 *Widow*
 (Write the word)

 6 DATE OF BIRTH *9 11, 1847*
 (Month) (Day) (Year)

 7 AGE *74* yrs. *3* mos. *11* ds. IF LESS than 1 day... hrs. or... min?

 8 OCCUPATION (a) Trade, profession, or particular kind of work *at home*
 (b) General nature of industry, business or establishment in which employed (or employer)

 9 BIRTHPLACE (State or country) *Ky*

 10 NAME OF FATHER *Samuel Rickels*

 11 BIRTHPLACE OF FATHER (State or country) *NC*

 12 MAIDEN NAME OF MOTHER *Paty Unkel*

 13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Fred M. Knight*(Address) *Kearney Station, Ky.*15 Filed *July 10, 1921* by *H. B. Fleming*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH *June 21, 1921*
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from *6-6, 1921*, to *6-21, 1921*, that I last saw her alive on *6-18, 1921*, and that death occurred on the date stated above at *4 a.m.* The CAUSE OF DEATH* was as follows:

Cancer of Pancreas
 (Duration) *1* yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

 (Signed) *W. H. Hunt* M. D.
6-21-1921 (Address) *Rochester, 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. In the State yrs. mos. ds.

Whether was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Simmons Chapel 6-22, 1921

20 UNDERTAKER ADDRESS

W F Wood Rochester

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 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.