

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

14681

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Powderly

Ino. Town.....

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

2 FULL NAME Jollie Kyle

Registration District No. 871

Primary Registration District No. 8423

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 married
(Write the word)

6 DATE OF BIRTH Oct 15 1918
(Month) (Day) (Year)

7 AGE 45 yrs. 9 mos. 9 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Invalid
(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 Stanley

11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Brewster Beach
(Address) Murray Ky

15 Filed 4/21 1919 O. W. Wolfe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 15 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1918, to Jan 20th, 1919, that I last saw her alive on Jan 20th, 1919, and that death occurred on the date stated above at 11:15 a.m. The CAUSE OF DEATH* was as follows:

Removal of tumor to the heart by judgment
(Duration) not know mos. ds.

Contributory (SECONDARY) (Duration) not know yrs. mos. ds.

(Signed) S. S. Whitaker M. D. 4-15-19, 1919 (Address) Greenville, 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) In the State... yrs... mos... ds. 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 Humphrey Bldg DATE OF BURIAL Apr 16, 1919

20 UNDERTAKER McDonald & DeWitt ADDRESS Greenville

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly coded. Exact statement of OCCUPATION is very important. (Instructions on back of certificate.)