

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

P

21564

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Bremen Ky
Inc. Town
City Lynn City (No. _____ St. _____ Ward _____)
FULL NAME Miss Alice Maxwell

File No. _____
Registered No. 64
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (If in the word) single
DATE OF BIRTH Jan 7, 1862
(Month) (Day) (Year)
AGE 54 yrs. 7 mos. 5 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Muhlenberg co Ky

PARENTS
10 NAME OF FATHER John L Maxwell
11 BIRTHPLACE OF FATHER (State or country) Spencer co Ky
12 MAIDEN NAME OF MOTHER Mary E Sparks
13 BIRTHPLACE OF MOTHER (State or country) Spencer co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J M Gish
(Address) Bremen Ky

15
Filed Aug 7, 1916 M. J. Green
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 7, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 29, 1916, to Aug 7, 1916, that I last saw her alive on Aug 7, 1916, and that death occurred, on the date stated above, at 6:15 pm.

The CAUSE OF DEATH* was as follows:
Pneumonia Colloidal
(Duration) yrs. 5 mos. 2 ds.

Contributory (SECONDARY) Laryngitis
(Duration) yrs. _____ mos. 10 ds.
(Signed) C R Robertson, M. D.
Aug 7, 1916 (Address) Sacramento Ca

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

19 PLACE OF BURIAL OR REMOVAL Bremen cemetery DATE OF BURIAL Aug 5, 1916

20 UNDERTAKER J B Tucker ADDRESS Bremen Ky

MARGIN RESERVED FOR BINDING 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.