

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

PLACE OF DEATH

County WoolfordsburgVol. Pat. S. Parrott

Inc. Town

City

7121

File No. 19267Registered No. 15

St. Ward (If death occurred in a hospital or institution, give its name, street and number.)

FULL NAME Katie's Maxwell

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	2 COLOR OR RACE <u>White</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If W's the word) <u>Single</u>
4 DATE OF BIRTH <u>Aug 11 1897</u> (Month) (Day) (Year)		
5 AGE <u>7</u> yrs. mos. ds. If LESS than 1 day ... hrs. or ... min. 7		
6 OCCUPATION (a) Trade, profession, or particular kind of work. <u>at Home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
7 BIRTHPLACE (State or country) <u>Woolfordsburg, Ky</u>		

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH <u>July 11 1914</u> (Month) (Day) (Year)
11 I HEREBY CERTIFY, That I attended deceased from <u>June 11 1914</u> to <u>July 11 1914</u> , that I last saw her alive on <u>June 26 1914</u> , and that death occurred, on the date stated above, at _____ The CAUSE OF DEATH* was as follows: <u>Dysentery</u>
(Duration) yrs. mos. ds.
Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) <u>J. P. Walcott</u> M. D. <u>July 11 1914</u> (Address) <u>Central Bldg. 14</u>

PARENTS	10 NAME OF FATHER <u>C. E. Maxwell</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Woolfordsburg, Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Bergie Smith</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Woolfordsburg, Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. E. Maxwell
(Address) Wagon

15 Filed July 11 1914 C. E. Hoke
REGISTERAR

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UNDERTAKER	ADDRESS