

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

9977 1922
169

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *234*

Ino. Town *Drakesboro*

City *Hy* (No. *7*)

2 FULL NAME *Aunnie Mason*

Registration District No. *872*

Primary Registration District No. *2437*

St., Ward

File No.

Registered No. *17*

(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 *Col*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *1865*
(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.
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Bath Co Ky*

PARENTS
10 NAME OF FATHER *Henry Young*
11 BIRTHPLACE OF FATHER (State or country) *Ky*
12 MAIDEN NAME OF MOTHER *Sarah Wood*
13 BIRTHPLACE OF MOTHER (State or country) *Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Bugan Volason*
(Address) *Drakesboro Ky*

15 Filed *4-23*, 1922 *J. M. ...* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *February 20* 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 16*, 1922, to *Feb 16*, 1922, that I last saw her alive on *Feb 16*, 1922, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Influenza followed by Lobar pneumonia
(Duration) yrs. mos. *4* ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *J. D. ...*, M. D.
Feb 21, 1922 (Address) *Drakesboro 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Smith's Chapel* DATE OF BURIAL *2-23, 1922*

20 UNDERTAKER *J. M. ...* ADDRESS *Drakesboro*

D. J. ...

WRITE PLAINLY, WITH UPDATING 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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.