

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

1 PLACE OF DEATH

County MUHLENBERGVol. 45 Registration District No. 872 7125Inc. Town DRAKESBORO KY Primary Registration District No. STP

City (No. St., Ward)

File No. 17184Registered No. 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME LENA MASON

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------------|---------------------------------|---|
| 3 SEX FEMALE | 4 COLOR OR RACE NEGRO | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED (Write the word) |
|------------------------|---------------------------------|---|

6 DATE OF BIRTH
JULY 3, 1876
(Month) (Day) (Year)7 AGE
39 yrs. 9 mos. 29 ds.
IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work... HOUSEWIFE
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country)
LEWISBURG KY10 NAME OF FATHER
JAMES H. WILLIARD11 BIRTHPLACE OF FATHER (State or country)
LEWISBURG KY12 MAIDEN NAME OF MOTHER
EM ARNOLD13 BIRTHPLACE OF MOTHER (State or country)
LEWISBURG KY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) WILLIAM ALEXANDER (col)(Address) DRAKESBORO KY

15

Filed May 4, 1915 J. R. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
MAY 3, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 1, 1915, to May 3, 1915, that I last saw her alive on May 2, 1915, and that death occurred on the date stated above at 5:30 P.M. The CAUSE OF DEATH* was as follows:TUBERCULOSIS OF LUNGS① (Duration) 4 yrs. mos. ds.Contributory (SECONDARY) (Duration) 4 yrs. mos. ds.(Signed) H. D. Newman, M. D.
MAY 4, 1915 (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. In the 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 CEMETERY DATE OF BURIAL MAY 4, 191520 UNDERTAKER JAMES GEORGE ADDRESS GREENVILLE KY