FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. S. Greenville Registration District No. 7121 File No. 20120

Inc. Town Primary Registration District No. Registered No. 10

City (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Kate Muffanager

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

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

6 DATE OF BIRTH June (Month) 8 (Day), 1864 (Year)

7 AGE 53 yrs. 3 mos. 7 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) McLean Co. Ky

PARENTS

10 NAME OF FATHER Thomas Bryant

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Mary Travis Kennedy

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert T. Muffaniger

(Address)

15 Filed Sept 18, 1917 A. H. Roche Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 15 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1917, to Sept 15, 1917, that I last saw her alive on Sept 7, 1917, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH* was as follows:

Appoplexy

Now (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Blood Poisoning

(Duration) ... yrs. ... mos. 12 ds.

(Signed) Jo. M. Ferguson, M. D.

Sept 15, 1917 (Address) Central City 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 Muffaniger graveyd

DATE OF BURIAL Sept 16, 1917

20 UNDERTAKER J. B. Tucker

ADDRESS Bremen Ky

11—3184

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.