

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *of Muhlenberg*

Vol. No.

Registration District No. *2135*

Ino. Town

Primary Registration District No.

City

(No.)

St.

Ward)

2 FULL NAME

*Sallie Mary Popsinger*

File No.

*28476*

Registered No.

*146*

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX

4 COLOR OR RACE

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

10 DATE OF DEATH

*Female white**Married**Sept 2, 1919*

6 DATE OF BIRTH

*Dec 25, 1860*17 I HEREBY CERTIFY That I attended deceased from *April 27, 1919* to *Sept 2, 1919*, that I last saw her alive on *Sept 1, 1919*, and that death occurred on the date stated above at *10:30 P.M.* The CAUSE OF DEATH\* was as follows:

7 AGE

*58 yrs. 8 mos. 7 ds.*

IF LESS than 1 day... hrs. or... min.?

*2. pneumonia*

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry business or establishment in which employed (or employer)

*House Keeper*

9 BIRTHPLACE (State or country)

*Ky. Shelby*

Contributory (SECONDARY)

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

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

*Ky. Guthrie*(Signed) *J. L. Thomas*, M. D. *Sept 3, 1919* (Address) *Clinton, Ky.*

18 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state 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 .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *W. M. Popsinger*  
(Address) *Clinton, Ky.*

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Ross, Ky.**Sept 3, 1919*

20 UNDERTAKER

ADDRESS

*J. L. Thomas**Clinton*

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Filed *11-5-1919* *W. H. Hoover* REGISTRAR