

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23847

File No.

Registered No.

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

1 PLACE OF DEATH

County MuhlenbergVot. Pct. C House

Inc. Town.

City.

Registration District No. 1093Primary Registration District No. 6830

St., Ward)

2 FULL NAME Sarah Rice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH
(Month) (Day) (Year)7 AGE 76 yrs. 10 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) Muhlenberg co10 NAME OF FATHER William Rice11 BIRTHPLACE OF FATHER (State or country) Dont know12 MAIDEN NAME OF MOTHER Ann Hayes13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Richard Rice(Address) White Plains #415 Filed 9/18/26 1926 C. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 17 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Sept 13, 1926, to Sept 17, 1926, that I last saw her alive on Sept 16, 1926, and that death occurred on the date stated above at 11:30 a.m.The CAUSE OF DEATH* was as follows:
Pneumonia Lobar(Duration) yrs. mos. 5 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. D. Whitaker M. D.
Sept 18, 1926 (Address) Greenville, 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 Friendship Bldg DATE OF BURIAL Sept 18, 192620 UNDERTAKER M B McDonald ADDRESS Greenville 112

WRITE PLAIN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.