

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

28705

1 PLACE OF DEATH
County Bremer
Vol. Pot. Bremer 81 Registration District No. 1086
Inc. Town Primary Registration District No. 6914
City (No. St., Ward)
2 FULL NAME Susan Anne Rich

File No. 1
Registered No. 67

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

6 DATE OF BIRTH Jan 7, 1934
(Month) (Day) (Year)

7 AGE 90 yrs. 1 mos. 7 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Rat
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co.

10 NAME OF FATHER John Phillips

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Dorcas Littleton

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) George Rich

(Address) Muhlenberg Co.

15 Filed Jan 5, 1924 - W.R. Robertson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12-31-1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 12-30-1924 to 12-31-1924, that I last saw her alive on 12-30-1924, and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH^o was as follows:
Respiration

(Duration) yrs. mos. ds.
Contributory (SECONDARY) Senility
(Duration) yrs. mos. ds.
(Signed) W. H. Robertson, M. D.
12-31-1924 (Address) Bremer

*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 Brian Creek DATE OF BURIAL Jan 1, 1924

20 UNDERTAKER J. S. Tucker ADDRESS Bremer Ky

THIS IS A PRELIMINARY REPORT. WITH NECESSARY AMENDMENTS IT WILL BE RECORDED IN THE REGISTRY. ALL INFORMATION SHOULD BE CORRECTLY REPORTED. ALL DEATHS SHOULD BE REPORTED EXACTLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN FULL TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. SHORT STATEMENTS OF OCCUPATION IS VERY IMPORTANT. Give addresses on back of certificate.