

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Muhlenberg

Vot. Pot. W. Court House

Registration District No. 87

File No. 19121

Registered No.

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

Ino. Town Primary Registration District No. 7131

City (No.) St. Ward

2 FULL NAME Sarah A. Richardson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

16 DATE OF DEATH July 13, 1920
(Month) (Day) (Year)

6 DATE OF BIRTH Dec 3, 1878
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1920, to July 13, 1920, that I last saw her alive on July 13, 1920, and that death occurred on the date stated above at 4 A.M. The CAUSE OF DEATH* was as follows:

7 AGE 71 yrs. 7 mos. 10 ds. IF LESS than 1 day... hrs. or... min.?

epoplexy
(Duration) ... yrs. ... mos. 1 ds.

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

Contributory Chronic Intestinal Vephrulosis
(SECONDARY) (Duration) ... yrs. ... mos. 6 ds.

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

(Signed) Paul Decker, M. D.
July 14, 1920 (Address) Greenville Ky

10 NAME OF FATHER William Lambuth

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER Eleph Jernigon

13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. 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?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carrie Richardson

(Address) Greenville Ky

19 PLACE OF BURIAL OR REMOVAL Jernigon Chapel DATE OF BURIAL July 14, 1920

20 UNDERTAKER McDonald & Lewis ADDRESS Greenville Ky

15 Filed 7/14 20 Bev. Schiffer REGISTRAR
Murkoff

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.