

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.

FORM V 5-1-3008 2-29-12

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

34362

PLACE OF DEATH

Court *Walesburg*Vol. No. *Person*Registration District No. *9*

Ino. Town

Primary Registration District No. *7139*

City

(No. *1* St., *Richmond* Ward)FULL NAME *Pauline Richmond*

File No.

Registered No. *19*
 [If death occurred in a
 hospital or institution,
 give its NAME instead of
 street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Girl</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <i>Nov 2nd 1917</i> (Month) (Day) (Year)		
7 AGE yrs. 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)		
PARENTS	10 NAME OF FATHER <i>Boyd Richmond</i>	
	11 BIRTHPLACE OF FATHER (State or country)	<i>Mo</i>
	12 MAIDEN NAME OF MOTHER <i>Annis Leonard</i>	
	13 BIRTHPLACE OF MOTHER (State or country)	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) *Boyd Richmond*
 (Address) *Martwich Ky.*

15

 Filed *12/12/1917* *7* *St. Maps*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>Dec 11 1917</i> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 191....., 191....., that I last saw him alive on....., 191..... and that death occurred on the date stated above at <i>9 am</i> . The CAUSE OF DEATH* was as follows: <i>in person's house found clear in back.</i> (Duration) yrs. mos. ds. Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) M. D. 191... (Address).....

*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.
 In the
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <i>Nelson Camp</i>	DATE OF BURIAL <i>12/12/1917</i>
20 UNDERTAKER <i>Mrs. Sarah J. DeWitt</i>	ADDRESS <i>St. Maps</i>