

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County MuhlenbergVol. Pat. Beach Creek # 22Registration District No. 4417

Inn. Town.....

Primary Registration District No. 1092

City.....

(No. P St., Ward)File No. 16563

Registered No.

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

2 FULL NAME Alecia Anne Roberson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>Feb</u> <u>4</u> <u>1922</u> (Month) (Day) (Year)		
7 AGE <u>2</u> yrs. <u>5</u> mos. <u>12</u> ds.		IF LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer).....		

PARENTS	9 BIRTHPLACE (State or country) <u>Kentucky</u>
	10 NAME OF FATHER <u>William Jackson</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Tennessee</u>
	12 MAIDEN NAME OF MOTHER <u>Addene Gray</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tennessee</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 192.....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 16, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1922 to June 11, 1922, that I last saw h. he alive on ", 1922, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Cancer of bowels.(Duration) 1 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) E. M. Bewley M. D.
July 16, 1922 (Address) Green of the

*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 in the
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

DATE OF BURIAL

Jackson Cemetery July 17, 1922

20 UNDERTAKER

ADDRESS

J. R. Kinnell Orates, Mo.