

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5962

File No. 3

Registered No. ....

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

1 PLACE OF DEATH  
County Mulenburg  
City..... (No. .... St., ..... Ward)  
2 FULL NAME Edora Robertson

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single Married Widowed or Divorced (Write the word) <u>Widow</u>	16 DATE OF DEATH <u>1 26 1923</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>2 10 1896</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>1-16 1923</u> , to <u>1-26 1923</u> , that I last saw her alive on <u>1-26 1923</u> , and that death occurred on the date stated above at <u>10 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Influenza</u> (Duration) ..... yrs. .... mos. <u>10</u> ds.	
7 AGE <u>26</u> yrs. <u>11</u> mos. <u>15</u> ds. IF LESS than 1 day ..... hrs. or ..... min?			Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			(Signed) <u>R.D. Harvey</u> , M. D. <u>1-26 1923</u> (Address) <u>Beach Creek</u>	
9 BIRTHPLACE (State or country) <u>Ky</u>			*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PARENTS	10 NAME OF FATHER <u>Henry Starnes</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence .....	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>		19 PLACE OF BURIAL OR REMOVAL <u>Beach Creek B.G.</u>	
	12 MAIDEN NAME OF MOTHER <u>Susan Martin</u>		DATE OF BURIAL <u>1-27 1923</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>		20 UNDERTAKER <u>Lewis Stewart</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Plt Robertson</u> (Address) <u>Beach Creek</u>			ADDRESS <u>Beach Creek</u>	
15 Filed <u>2/12 1923</u> <u>Victor Pauline</u> Registrar				

WRITE PLAINLY 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. See instructions on back of certificate.