

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

1 PLACE OF DEATH

County *Mt. Vernon*

Vol. No. *East 13*

District No. *871*

Inc. Town *Greenville*

Primary Registration District No. *2436*

City (No. *St.*) Ward

2 FULL NAME *Chyrin Robinson*

File No. *355*

Registered No. *1*

(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 *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *Dec. 0, 1894*
(Month) (Day) (Year)

7 AGE *68 yrs.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Mississippi*

10 NAME OF FATHER *unknown*

11 BIRTHPLACE OF FATHER (State or country) *unknown*

12 MAIDEN NAME OF MOTHER *Chyrin war*

13 BIRTHPLACE OF MOTHER (State or country) *Mississippi*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Jack A. Robinson*
(Address) *Greenville*

15 Filed *Jan. 7, 1913* *V. H. Brumback*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan. 1, 1913*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 5*, 1912 to *Jan 1*, 1913; that I last saw her alive on *Dec 31*, 1912; and that death occurred on the date stated above at *4 P.M.* The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis.

(Duration) *6 yrs.* mos. *10* ds.
Contributory (SECONDARY) *Pulmonary tuberculosis*
(Duration) *6 yrs.* mos. *10* ds.

(Signed) *A. Cornelia*, M. D.
Jan. 2, 1913. (Address) *Greenville.*

*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 *6 yrs.* mos. *10* ds. In the State *6 yrs.* mos. *10* ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Greenville* DATE OF BURIAL *Jan. 7, 1913*

20 UNDERTAKER *J. H. George* ADDRESS *Greenville*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
L. B.—Every item of information should be correctly supplied. AGE should be stated EXACTLY. FURNISHING should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Most instances of CO-OCCURRENCE are very important. See instructions on back of certificate.