Form V. S. 1-1931-1-10-M.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 26802

1 PLACE OF DEATH
County Muhlenberg
Ward Ward
Reg. Dist. No. 870
Prim. Reg. Dist. 2436
Registered No. 41
Inc. Town
City Central City, Ky. (No. ..... St. ..... Ward)

2 FULL NAME Jane Robinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: November 25, 1836 (Month) (Day) (Year)
7 AGE: 78 yrs. 11 mos. 2 ds. If LESS than 1 day ..... hrs, or ..... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): Home
9 BIRTHPLACE (State or country): Muhlenberg County, Ky.

PARENTS
10 NAME OF FATHER: Don't Know
11 BIRTHPLACE OF FATHER (State or country): Don't Know
12 MAIDEN NAME OF MOTHER: Don't Know
13 BIRTHPLACE OF MOTHER (State or country): Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jane Robinson
(Address) Central City, Ky.

15 Filed Oct. 28, 1914 A. L. Landrum Registrar

11—6164

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 27, 1914. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1914, to Oct. 27, 1914, that I last saw h[illegible] alive on Oct. 26, 1914, and that death occured, on the date stated above, at [illegible] m.
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) 2 yrs. 2 mos. 7 ds.
Contributory (Secondary) None
(Duration) ..... yrs. ..... mos. ..... ds.
(Signed) S. S. Stayton, M. D.
Oct. 27, 1914. (Address) Central City, 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?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Central City, Ky. DATE OF BURIAL: Oct. 28, 1914
20 UNDERTAKER: Jones & Stanley ADDRESS: Greenville, Ky.

WHERE NO PHYSICIAN HAS ATTENDED DECEASED, the undersigned will report the case to the coroner at once. A CORONER'S CERTIFICATE OF DEATH will be required before burial or removal of body. Every CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Blank statement of CAUSES OF DEATH to be filled in by physician. See instructions on back of certificate.