

COMMONWEALTH OF KENTUCKY

State Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **9211**1 PLACE OF DEATH
County MuhlenbergVet. Pot. CorrectRegistration District No. 6824

Registered No.

Inc. Town.....

Primary Registration District No. 1090

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

City..... (No. St., Ward)

2 FULL NAME Lumina Victoria Robinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Dec 19 1923
(Month) (Day) (Year)7 AGE 64 yrs. 2 mos. 25 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co10 NAME OF FATHER William Whitaker11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co12 MAIDEN NAME OF MOTHER Sarah Davis13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Isabel E. Rust(Address) Sumner Ky15 Filed 3/10 1923 Harrie B. Buehler
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 192... to 192...
that I last saw h..... alive on 192...
and that death occurred on the date stated above at..... m.The CAUSE OF DEATH* was as follows:
Never seen her for several
Chow
Diarrrhea..... (Duration) yrs. mos. ds.
Contributory a number of years
(Secondary)..... (Duration) yrs. mos. ds.
(Signed) E. M. Buehler, M. D.
3/10 1923 (Address) Peru, 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 yrs. mos. ds. in the State yrs. mos. ds.
Where was disease contracted,if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Imperial Chapel Cemetery Mar 7 192320 UNDERTAKER ADDRESS
Willis Rector Sumner KyBy Isabel E. Rust

THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

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. See instructions on back of certificate.