

15833

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

File No.

1 PLACE OF DEATH
County Hopkins

Vol. Hutchins # 22

Registration District No. 780

Registered No. 88

Inc. Town.....

Primary Registration District No. 5760

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

City.....

(No. St., Ward)

3 FULL NAME Mary Anne Steersman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female
4 COLOR OR RACE white
5 Single Widow
Married
Widowed
or Divorced
(Write the word)

16 DATE OF DEATH 6/1/1923
(Month) (Day) (Year)

6 DATE OF BIRTH June 9 1833
(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

7 AGE 89 yrs. 11 mos. 11 ds.
IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH* was as follows:
No doctor attended his body and no cause can be assigned for her death. Was not thought to be very ill.
(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).....

Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) J. P. ... M. D.
100 North ...
(Address) 100 North ...

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Abraham McElwain

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Mary Moore

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hannie Steersman
(Address) Central City

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

15 Filed 7-6- 1923 G. G. Gray Registrar

19 PLACE OF BURIAL OR REMOVAL Springfield Howard DATE OF BURIAL 6/2/1923

20 UNDERTAKER Springfield Howard ADDRESS Madisonville Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

REASONS RESERVED FOR RECORDING
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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.