

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

1 PLACE OF DEATH

County **MIDDLEBERG**

Vol. Fol. **45**

Registration District No. **872**

File No. **25175**

Inn. Town **DRAKESBORO KY**

Primary Registration Dist. No. **7/26**

Registered No. **26**

City (No. St. Ward)

If death occurred in a hospital or institution give its name instead of street and number.

2 FULL NAME **CAROLINE TIBBIS STEVERSON**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **FEMALE** 4 COLOR OR RACE **AFRICAN** 5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) **MARRIED**

6 DATE OF BIRTH **(NOT KNOWN)**  
(Month) (Day) (Year)

7 AGE **70** yrs. **00** mos. **00** ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) **KENTUCKY**

10 NAME OF FATHER **HARFORD STEVERSON**

11 BIRTHPLACE OF FATHER (State or country) **UNITED STATES**

12 MAIDEN NAME OF MOTHER **MALISSA MARSHAL**

13 BIRTHPLACE OF MOTHER (State or country) **UNITED STATES**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **SAM STEVERSON**

(Address) **DRAKESBORO KY**

15 Filed **9-29, 1913** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **SEPTEMBER 27, 1913**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **SEPTEMBER 20, 1913** to **SEPTEMBER 27, 1913**.

that I last saw h. **EX** alive on **September 23, 1913**.

and that death occurred, on the date stated above, at **4 P.M.**

The CAUSE OF DEATH\* was as follows:

**PARALYSIS OF BOWELS**

(Duration) **21** ds.

Contributory **PARTIAL HEMIPLEGIA**

(Duration) **1** mo.

(Signed) **H. Newman, M.D.**

**SEPT. 28, 1913.** (Address) **DRAKESBORO KY**

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(16) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS on Recent Residents)

At place of death **00** yrs. **00** mos. **00** ds. In the State **00** yrs. **00** mos. **00** ds.

Where was disease contracted, if not at place of death?

Former or usual residence

18 PLACE OF BURIAL OR REMOVAL **SMITH'S CEMETERY** DATE OF BURIAL **SEPT 28, 1913**

19 UNDERTAKER **C. G. BRIDGES & CO.** ADDRESS **DRAKESBORO KY**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FULLY. PARTICULARS should be stated. All entries should be in plain ink, so that it may be properly checked. See instructions on back of certificate.