

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pot. # 6
Town Paradise
City (No. St., Ward)

Registration District No. 7126
Primary Registration District No.

File No. 29361
Registered No.

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

2 FULL NAME Ada Stinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH October 24, 1896
(Month) (Day) (Year)

7 AGE 18 yrs. - mos. 2 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) Deer Lick, Ky.

10 NAME OF FATHER Stinson

11 BIRTHPLACE OF FATHER (State or country) United States

12 MAIDEN NAME OF MOTHER Vina McElwane

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charley Benton
(Address) Drakesboro, Ky.

15 Filed 191 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 13, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 14, 1914 to Nov. 13, 1914, that I last saw her alive on Nov. 13, 1914, and that death occurred on the date stated above at 10 P m. The CAUSE OF DEATH* was as follows:

Typhoid Fever

(Duration) 1 yrs. 1 mos. 0 ds.

Contributory (SECONDARY) (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) H. D. Newman, M. D.
Nov. 14, 1914 (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.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the State 0 yrs. 0 mos. 0 ds.

At place of death. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Deer Lick, Ky. DATE OF BURIAL Nov. 14, 1914

20 UNDERTAKER J. B. House & Co ADDRESS Drakesboro, Ky.

MARGIN RESERVED FOR INDEXING

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANT RECORD

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN 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.