

1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County *Muhlenberg*

Vet. Pat. *E. Bygones*

Inc. Town

City

Registration District No. *871*

Primary Registration District No. *7132*

(No. St. Ward)

2 FULL NAME *Flora Alice Stabaugh*

File No. *19277*

Registered No. *7*

[If death occurred in a hospital or institution, give the name, street or street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *July 8, 1914*  
(Month) (Day) (Year)

6 DATE OF BIRTH *July 15, 1873*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 20, 1914* to *July 7, 1914*, that I last saw him alive on *July 7, 1914*, and that death occurred on the date stated above at *12:30* P.M. The CAUSE OF DEATH\* was as follows:

7 AGE *1* yrs. *10* mos. *10* ds. IF LESS than 1 day... hrs. or... min.?

*Cholera Infantum*

8 OCCUPATION (a) Trade, profession, or avocational kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

(Duration) *1* yrs. *10* mos. *10* ds. Contributory (SECONDARY) *None*

9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*

(Duration) *1* yrs. *10* mos. *10* ds. Signed) *C. B. Marlin*, M. D.

10 NAME OF FATHER *Alvin Stabaugh*

(Address) *Franklin Ky*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co Ky*

12 MAIDEN NAME OF MOTHER *Mrs. Davis*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *C. B. Marlin*

(Address) *Franklin Ky*

15 Filed *July 8, 1914* *V. H. Traudt* REGISTRAR

\*State the DURESS CAUSING DEATH, or, if death from VOLUNTARY 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. State... yrs... mos... ds. Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Bethel* DATE OF BURIAL *July 8, 1914*

20 UNDERTAKER *McDonald & Demit Louisville*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

A. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. Give instructions on back of certificate.