

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

23998

PLACE OF DEATH
County Martinburg Ky
Vol. No. 27122
Inc. Town Princeton
City _____ (No. _____ St. _____ Ward _____)
Registration District No. _____
Primary Registration Dist. No. _____
File No. _____
Registered No. 66
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Lise Stringer

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Female
9 COLOR OR RACE White
10 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
11 DATE OF BIRTH December 10, 1907
(Month) (Day) (Year)
12 AGE 8 yrs. 9 mos. 9 da. If LESS than 1 day... or... mths.
13 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).

14 BIRTHPLACE (State or country) McLean

PARENTS
15 NAME OF FATHER R. A. Stringer
16 BIRTHPLACE OF FATHER (State or country) McLean
17 MAIDEN NAME OF MOTHER Messias Whitman
18 BIRTHPLACE OF MOTHER (State or country) Martinburg

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. A. Stringer
(Address) Princeton

20 FILED Sept. 10, 1916 W. C. Grundy

MEDICAL CERTIFICATE OF DEATH

21 DATE OF DEATH Sept 10, 1916
(Month) (Day) (Year)

22 I HEREBY CERTIFY, That I attended deceased from July 13, 1916 to Sept 10, 1916 that I last saw her alive on Sept 10, 1916 and that death occurred, on the day stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Follicular Nonsuppurative
And Cutaneous
(Duration) 8 yrs. 11 mo.

Contributory (Secondary) Malaria
(Duration) 8 yrs. 11 mo.
(Signed) W. H. Moore, M. D.
Princeton, Ky.
9-11, 1916 (Address)

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

(19) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death 8 yrs. 11 mos. 9 da. In the State 8 yrs. 11 mos. 9 da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

23 PLACE OF BURIAL OR REMOVAL Princeton DATE OF BURIAL 11.5.1916

24 UNDERTAKER G. J. Whitman ADDRESS Princeton

MARGIN RESERVED FOR INDEXING

WRITE PLACE OF BIRTH WITH SURVIVING NEAREST OF KIN

11. 2.—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.