

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 25260

County *Muhlenberg*Vol. No. *116*Registration District No. *1093*

Registered No.

Inc. Town

Primary Registration District No. *6899*

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

City

(No. St.,

Ward)

2 FULL NAME *Blanche Underwood*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 Single
Married *widowed*
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH *Oct 24 1915*
(Month) (Day) (Year)7 AGE *42 yrs. 11 mos. 5 ds.* IF LESS than 1
day hrs.
or min?8 OCCUPATION
(a) Trade, profession or particular kind of work *Housekeeper*
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Muhlenberg Co. Ky.*10 NAME OF FATHER *Rev. Samuel Brown*11 BIRTHPLACE OF FATHER (State or country) *Muh. Co. Ky.*12 MAIDEN NAME OF MOTHER *Lezquette Capps*13 BIRTHPLACE OF MOTHER (State or country) *Muh. Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Raymond Underwood*
(Address) *Greenville Ky 9771*15 Filed *11/6/25* *Blanchette*
ms Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 29 1925*
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased
from *1915*, to *Sept 29 1925*,
that I last saw *ex.* alive on *Sept 29 1925*,
and that death occurred on the date stated above at *1:40 P.*

THE CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *J. C. Woodburn*, M. D.
Sept 29, 1925 (Address) *Greenville 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)

at place in the State yrs. mos. ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

East Union Ky *Sept 30 1925*

20 UNDERTAKER ADDRESS

M B McDonald *Greenville Ky*