

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County

Mitchell

CERTIFICATE OF DEATH

Vet. Post

Graham

Registration District No.

7140

File No.

26823

Registered No.

76

Inc. Town

Primary Registration District No.

City

Jewel

(No.)

St.

Ward

[If death reported in a hospital or institution, give the name (instead of street and number).]

2 FULL NAME

Jewel Underwood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Single

16 DATE OF DEATH

10 23 1914
(Month) (Day) (Year)

6 DATE OF BIRTH

10 23 1894
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased

from *10/23*, 1914, to *10/23*, 1914, that I last saw her alive on *10/23*, 1914, and that death occurred on the date stated above at *7:00*. The CAUSE OF DEATH* was as follows:

7 AGE

..... yrs. mos. ds.

IF LESS than 1 day .. hrs. ? or .. min. ?

Transitory due to pre-natal birth which was due to an embolus in circulation (Duration) 6 mos. ds.

8 OCCUPATION

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

none

Contributory (Secondary) (Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country)

Graham Ky.

10 NAME OF FATHER

Shelby Underwood

11 BIRTHPLACE OF FATHER (State or country)

Ky.

12 MAIDEN NAME OF MOTHER

Eddie Stewart

13 BIRTHPLACE OF MOTHER (State or country)

Ky.

(Signed) *J. J. Edger*, M. D.

10/23, 1914 (Address) *Graham 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 of death yrs. mos. ds. In the State yrs. mos. ds.

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

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Shelby Underwood*

(Address) *Graham Ky.*

19 PLACE OF BURIAL OR REMOVAL

Graham Ky.

DATE OF BURIAL

10/23/14

15

Filed

10/23 1914 J. J. Cheune

REGISTRAR

UNDERTAKER

L. Croft

ADDRESS

Graham Ky.