

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 1654

1 PLACE OF DEATH

County MulenburgVol. Book CreekRegistration District No. 1092

Registered No. _____

Inc. Town _____

Primary Registration District No. 6827

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

City _____ (No. _____ St., _____ Ward)

2 FULL NAME Maggie Underwood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) M

6 DATE OF BIRTH 4 16 1894
(Month) (Day) (Year)

7 AGE 72 yrs. 3 mos. 2 ds. 2
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER William Jones11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Martha Jones13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. E. Jones(Address) Greenville KyFiled 8/7 1922 Victoria Justice Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 18 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-12, 1922, to 4-17, 1922,

that I last saw h.e. alive on 4-17, 1922, and that death occurred on the date stated above at 3 a.m.

The CAUSE OF DEATH* was as follows:

Chronic nephritis(Duration) 1 yrs. 8 mos. 0 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) R. H. Steward, M. D.
4-19 1922 (Address) Book Creek

*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. 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

Book Creek 4-19, 1922

20 UNDERTAKER ADDRESS

L. H. Steward Book Creek

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be correctly supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact address of OCCUPATION is very important. See instructions on back of certificate.