

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg 7122Vol. Pat. No 2Inc. Town Bremen

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 2 7112File No. 23284Primary Registration Dist. No. 2Registered No. 63

2 FULL NAME

Mary E. Underwood

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH September 15, 1852  
(Month) (Day) (Year)7 AGE 60 yrs. 7 mos. 7 ds. If LESS than 1 day... hrs. or... min.?

## 8 OCCUPATION

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

## 9 BIRTHPLACE

(State or country) Muhlenberg Co. Ky

## 10 NAME OF FATHER

James Ford

## 11 BIRTHPLACE OF FATHER

(State or country) Kennesee

## 12 MAIDEN NAME OF MOTHER

Mary Ann Hendrick

## 13 BIRTHPLACE OF MOTHER

(State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) self Underwood  
(Address) Bremen Ky

15

Filed September 16, 1912 M C Grundy  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 15, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 15, 1912, to Sept 14, 1912,that I last saw her alive on September 14, 1912, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH\* was as follows:

Cancer of and lymph  
glands(Duration) 7 yrs 9 mos 7 ds.Contributory  
(SECONDARY)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Wm T Mason M.D.  
Sept 16, 1912 (Address) Bremen 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 \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Sabers Grove yard DATE OF BURIAL September 16, 1912

20 UNDERTAKER

R Stuart ADDRESS Bremen Ky

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

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