

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**  
7140

16964

1 PLACE OF DEATH

County Muhlenberg

Vol. No. 7140

Ino. Town

City

3 FULL NAME Carol Jane Underwood

Registration District

Primary Registration District No.

File No.

Registered No. 11

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

**DELAY**

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH Dec 8, 1847  
(Month) (Day) (Year)

7 AGE 71 yrs 3 mos 28 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co

**PARENTS**

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country): "

12 MAIDEN NAME OF MOTHER Lucinda Knight

13 BIRTHPLACE OF MOTHER (State or country) Ta.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.E. Everts (Address) Graham

15 Filed 4/10/1919 J. Kennerly REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH April 5, 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191....., to ..... 191....., that I last saw h..... alive on ..... 191..... and that death occurred on the date stated above at ..... m. The CAUSE OF DEATH\* was as follows:

Hemorrhage of Lungs  
(No. Physician)  
(Duration) ..... yrs..... mos..... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs..... mos..... ds.  
(Signed) J. Kennerly, Registrar  
April 5, 1919 (Address) Graham

\*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 DePoy DATE OF BURIAL 4/6, 1919

20-UNDERTAKER R. Beard ADDRESS Graham

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 terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. Instructions on back of certificate.