

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

28668

**1 PLACE OF DEATH**  
County Muhlenberg  
Vet. Post. #32  
Ins. Town Drakesboro  
City..... (No. P St., ..... Ward)

Registration District No. 1088  
Primary Registration District No. 2437

File No. ....

Registered No. 41

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

2 FULL NAME..... Alise**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Unknown  
(Month) (Day) (Year)

7 AGE Unknown  
IF LESS than 1 day ..... hrs. or ..... min?  
yrs..... 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).....

9 BIRTHPLACE (State or country) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. J. Allen

(Address) Central City, Ky

15 Filed 12-11-1924 1924 J. O. Kimmel Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Dec 9 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw h..... alive on....., 192....., and that death occurred on the date stated above at.....M.

The CAUSE OF DEATH\* was as follows:  
Unknown  
Found on a Well  
(Duration) ..... yrs..... mos..... ds.

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

(Signed) R. M. Allen, Coroner 1924  
Dec 9 1924 (Address) Central City, 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 Hughes Drakesboro DATE OF BURIAL 12-9 1924

20 UNDERTAKER J. O. Kimmel ADDRESS Drakesboro

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

B. 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 classified. Examine statement of OCCUPATION in every important. See instructions on back of certificate.