

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 9588County HopkinsVet. Pct. White HillRegistration District No. 734

Registered No. _____

Inc. Town CountryPrimary Registration District No. 5780

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

City _____

(No. _____ St. _____ Ward)

2 FULL NAME Malissie Uzzle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Oct. 1854
(Month) (Day) (Year)7 AGE 73 yrs. 5 mos. 4 ds. IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenburg Co. Ky.PARENTS
10 NAME OF FATHER Andy Malone
11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co. Ky.
12 MAIDEN NAME OF MOTHER Dont know
13 BIRTHPLACE OF MOTHER (State or country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) P. C. Uzzle(Address) White Plains, Ky. R-R 315 Filed apr - 11, 1928 Leona Kuyler Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to April 10, 1928, that I last saw her alive on April 9, 1928, and that death occurred on the date stated above at 9:P:M

The CAUSE OF DEATH* was as follows:

Apoplexy Cerebral_____
(Duration) _____ yrs. _____ mos. 16 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. E. O'Byrne, M. D.
April 11, 1928 (Address) Mortons Gap 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 _____ In the
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 Pleasant Hill DATE OF BURIAL April 11, 192820 UNDERTAKER Reid and Co ADDRESS Mortons Gap

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.