

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Knightsburg
Vol. Pat. Shelbville
Inc. Town.....
City..... (No..... St..... Ward)

Registration District No. 7140BFile No. 25982Primary Registration Dist. No. 7

Registered No.

FULL NAME Erus Francis Vanhooser

(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 (Write the word) mar

6 DATE OF BIRTH June 6, 1875
(Month) (Day) (Year)

7 AGE 67 yrs. 9 mos. 3 ds. If LESS than 1 day, X hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. D. Brewer
(Address) Knightsburg

15 Filed Oct 4, 1912 Chas. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 3, 1912
(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:

Consumption

(Duration) 2 yrs. ... mo. ... ds.

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

(Signed) H. D. Brewer M. D.

Oct 4, 1912 (Address) Knightsburg

*State the DISEASE CAUSING DEATH, or, in death 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. ... mo. ... ds. In the State ... yrs. ... mo. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL River Side Cem DATE OF BURIAL Oct 11, 1912

20 UNDERTAKER Merces & Co ADDRESS Rocky Hill

WRITE PLAINLY, WITH ENOUGH INK-TYPE IN A PERMANENT INK. PHYSICIANS should state cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state cause of DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.