

CERTIFICATE OF DEATH

36260

1 PLACE OF DEATH

County

Vot. Pot

Inc. Town

City

2 FULL NAME

Registration District No. 7400

Primary Registration District No. 9134

(No.

St.

Ward)

File No.

Registered No. 27

[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 status) Single6 DATE OF BIRTH 2 23 1840
(Month) (Day) (Year)7 AGE 68 yrs. 7 mos. 29 ds.
IF LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. Housework
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Berry Williams

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Jane Tichenor

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. Vaughan

(Address) Graham Ky

15 Filed 10/16/1918 J. K. Kerner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 25 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 5/15/18, 5-00/15/18, 1918, to 10/7/18, 1918, that I last saw him alive on 10/7/18, 1918, and that death occurred on the date stated above at 9 AM. The CAUSE OF DEATH* was as follows:
Progressive Muscular atrophy
(Duration) 4 yrs. mos. ds.

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

(Signed) T. J. Fisher, M. D.

10/15/18 (Address) Graham 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 Date of Burial
Cory 10/26, 191820 UNDERTAKER ADDRESS
R. J. Beard Graham 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 terms, so that it may be properly certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.