

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Vet. Pat.

Inc. Town

City

(No. St.)

File No.

Registered No.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *Female*
2 COLOR OR RACE *White*
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the word) *Widow*

16 DATE OF DEATH *9 14 1917*
(Month) (Day) (Year)

4 DATE OF BIRTH *Aug 12 1847*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *7/24/1917* to *9/14/1917*, that I last saw her alive on *9/12/1917* and that death occurred, on the date stated above, at *5:30* P.M.
The CAUSE OF DEATH* was as follows:
Typhoid fever

7 AGE *70* yrs. *1* mos. *2* ds.
If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Ky*

(Duration) ... yrs. ... mos. *22* ds.

PARENTS

10 NAME OF FATHER *John Vincent*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Elizabeth Wright*

13 BIRTHPLACE OF MOTHER (State or country)

Contributory (Secondary) (Duration) ... yrs. ... mos. ... ds.
(Signed) *L. G. Edgar*, M. D.
9/14/1917, (Address) *Grassham Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John E. James*
(Address) *Greenville Rte 1*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL
(15) 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

15 Filed *9/15 1917*
J. C. Kearney
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL *Vincennes Harbors*
DATE OF BURIAL *9/15 1917*
17 UNDERTAKER *C. L. Croft*
ADDRESS *Bohannan 46*

D. 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. List statement of OCCUPATION in very important. See instructions on back of certificate.
 STATE PLAINLY, WRITE CAREFULLY AND IN FULL. THIS IS A PERMANENT RECORD.