Form V S 1 10000 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. Graham

Registration District No. 7140

File No. 26822

Registered No. 25

Inc. Town

Primary Registration District No.

City Graham, Ky. (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ardis (Mercer) Vinson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: October 7, 1895 (Month) (Day) (Year)

7 AGE: 19 yrs. 9 mos. 4 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): Muhlenburg Co.

PARENTS

10 NAME OF FATHER: Jesse Mercer

11 BIRTHPLACE OF FATHER (State or country): Muhlenburg

12 MAIDEN NAME OF MOTHER: Eva Hunter

13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. Swan

(Address) Graham

15 Filed 10/4, 191 J. C. Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: October 4, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 191..., to October 4, 191 4, that I last saw her alive on Oct. 4, 191 4, and that death occurred on the date stated above at 4 P m. The CAUSE OF DEATH* was as follows:

Typhoid fever complicated with Tuberculosis of the lungs

(Duration) ... yrs. ... mos. 30 ds.

Contributory (SECONDARY) Tuberculosis

(Duration) ... yrs. 4 mos. ... ds.

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

Oct. 4, 1914 (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: Oak Union

DATE OF BURIAL: 10/5, 1914

20 UNDERTAKER: C. J. Croft

ADDRESS: Graham

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

11—3164