

12915

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. E. Boggs

Ino. Town.....

City.....

2 FULL NAME..... Abell Louise Williams

Registration District No. 871

Primary Registration District No. 7132

(No. .... St., .... Ward)

File No. ....

Registered No. ....

(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) Single

6 DATE OF BIRTH May 21, 1918  
(Month) (Day) (Year)

7 AGE ..... yrs. 2 ... mos. 12 ... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER W.W. Williams

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Effie Heltsky

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.W. Williams

(Address) .....

15 Filed 8/3, 1918 W. B. Bredt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 2, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 191..., to ....., 191..., that I last saw her alive on July 31, 1918, and that death occurred on the date stated above at 1130P m. The CAUSE OF DEATH\* was as follows:

Inanition

(Duration)..... yrs. 2 ... mos. 12 ... ds.

Contributory (SECONDARY) .....

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

(Signed) D. P. Moore, M. D.

(Address) Greensville 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 Cheneyville Bk. DATE OF BURIAL Aug 3, 1918

20 UNDERTAKER McDonald & Bell ADDRESS Greensville 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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.