

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

File No. 16482  
Registered No. 48

1 PLACE OF DEATH  
County Mullensburg  
Vol. Pat. West. Bond. Registrar's Office No. 871  
Ino. Town Greenville Ky Primary Registration District No. 24 36  
City Greenville Ky (No. .... St., ..... Ward)  
2 FULL NAME Janetta Willis

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>negro</u>	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Child</u>
6 DATE OF BIRTH <u>Dec. 1, 1913</u> (Month) (Day) (Year)		
7 AGE <u>1 yr. 6 mos. 0 ds.</u>		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Child</u>		
9 BIRTHPLACE (State or country) <u>Mullensburg</u>		
10 NAME OF FATHER <u>Nathaniel Willis</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Ind</u>		
12 MAIDEN NAME OF MOTHER <u>unknown</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>unknown</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 26 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 13, 1914, to June 26, 1914, that I last saw her alive on June 26, 1914, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
(Duration) ... yrs. ... mos. ... ds.  
Contributory Tuberculosis  
(SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
(Signed) A. Cornbliss, M. D.  
June 26, 1914 (Address) Greenville

\*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, THAN SIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. C. S. Lutz  
(Address) Greenville Ky

15 Filed June 26, 1914 J. H. Franklin  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Bennis Graveyard DATE OF BURIAL June 27, 1914  
ADDRESS  
20 UNDERTAKER James E. Long Greenville Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. B. B.--Every item of information should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly interpreted. See instructions on back of certificate. CAPTION is very important.