

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

1 PLACE OF DEATH

County *Muldenburg*Vol. Fol. *West-Book Howell*

Inc. Town

City *Guerrille Ky*Registration District No. *871*Primary Registration District No. *2436*

(No. St., Ward)

File No. *19272*Registered No. *19272*

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

2 FULL NAME *Mattie Willis*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>negro</i>	5 SINGLE MARRIED OR DIVORCED (Give the year)
<i>child</i>		
6 DATE OF BIRTH <i>Jan. 20, 1911</i>		
7 AGE <i>3</i> yrs. <i>6</i> mos. <i>11</i> ds.		

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)	<i>child</i>
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9 BIRTHPLACE (State or country)	<i>Muldenburg</i>
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10 NAME OF FATHER	<i>N. F. Willis</i>
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11 BIRTHPLACE OF FATHER (State or country)	<i>Indiana</i>
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12 M maiden name of MOTHER	<i>Bun Dennis</i>
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13 BIRTHPLACE OF MOTHER (State or country)	<i>Muldenburg</i>
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Guinnis Martin</i> (Address) <i>Guerrille</i>
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15 Filed <i>July 11, 1914</i> <i>W. H. Brantlin</i> REGISTRAR
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>July 10, 1914</i>
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17 I HEREBY CERTIFY, that I attended deceased from *Dec. 3, 1913* to *July 7, 1914*, that I last saw him alive on *July 7, 1914*, and that death occurred on the date stated above at *11/2* a.m. The CAUSE OF DEATH was as follows:

*Pulmonary tuberculosis*

(Duration) *1* yrs. *6* mos. *11* ds.  
Contributory *tuberculosis*  
(Secondary) (Duration) *1* yrs. *6* mos. *11* ds.

(Signed) *A. Cornbliss*, M. D.  
*July 11, 1914* (Address) *Guerrille*

18 THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death *1* yrs. *6* mos. *11* ds. In the State *1* yrs. *6* mos. *11* ds.

Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <i>Bob Dennis Family Bldg</i>	DATE OF BURIAL <i>July 11, 1914</i>
20 UNDERTAKER <i>James G. George</i>	ADDRESS <i>Guerrille Ky</i>