

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg  
 Vol. Go. Carrollton Registration District No. 1/2/1  
 Inc. Town..... Primary Registration District No. ....  
 City..... (No. .... St., ..... Ward)

File No. 26797  
 Registered No. 7659

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

2 FULL NAME Judith Wilson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 6 DATE OF BIRTH Sept 1894 (Month) (Day) (Year)  
 7 AGE 40 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work at Home  
 (b) General nature of industry, business or establishment in which employed (or employer)

16 DATE OF DEATH Oct 27 1914 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from Oct 27, 1914, to Oct 27, 1914, that I last saw her alive on Oct 27, 1914, and that death occurred on the date stated above at 5 p.m. The CAUSE OF DEATH\* was as follows:  
Age  
 (Duration).... yrs.... mos.... ds.  
 Contributory..... (SECONDARY)..... Duration.... yrs.... mos.... ds.  
 (Signed) J. T. Barnes, M. D.  
Oct 30, 1914 (Address) Go. Carrollton

9 BIRTHPLACE (State or country) Kentucky  
 10 NAME OF FATHER Sam H. Hays  
 11 BIRTHPLACE OF FATHER (State or country) Kentucky  
 12 MAIDEN NAME OF MOTHER Gallie Long  
 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

\*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 .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mary Ross  
 (Address) Go. Carrollton

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
 20 UNDERTAKER ADDRESS

15 Filed Oct 29, 1914 W. H. Hays  
 REGISTRAR

M. 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.