

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

1 PLACE OF DEATH

County

Vot. Pct.

Registration District No. 1620File No. 23357

Ino. Town

Primary Registration District No. 1620

Registered No.

City

(No. St. Ward)

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH Jan 21 1878
(Month) (Day) (Year)

7 AGE 76 yrs. 7 mos. 1 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) Clinton, Co. Tenn.

PARENTS

10 NAME OF FATHER W. H. Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER W. H. Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Ellen Smith(Address) London, Tenn.

15 Filed Jan 26 1916 W. S. Brock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 25 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 14, 1916, to Jan 25, 1916, that I last saw her alive on Jan 25, 1916, and that death occurred on the date stated above at 11 P. m. The CAUSE OF DEATH* was as follows:
Solar Pneumonia

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

Contributory (SECONDARY) (Duration)..... yrs. mos. ds.

(Signed) W. S. Brock, M. D.

Jan 26, 1916 (Address) London, Tenn.

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 Waverly, Grove St. DATE OF BURIAL Jan 26, 1916

20 UNDERTAKER W. S. Brock ADDRESS London, Tenn.

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. PHYSICIAN 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.