

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

PLACE OF DEATH
County Bath 5745
Vol. No. Salt Registration District No. 57
Inc. Town Primary Registration District No. 5745
City (No. St. Ward)
FULL NAME Sissey Lupton

File No.
Registered No. 26587
(If facts covered in a hospital or sanatorium, give the name of hospital or sanatorium.)

PERSONAL AND STATISTICAL PARTICULARS

SEX female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
DATE OF BIRTH about 1963
AGE 44 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?
OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)
BIRTHPLACE (State or country) Ky.
PARENTS
1. NAME OF FATHER Brun Lupton
2. BIRTHPLACE OF FATHER (State or country) Ky.
3. MAIDEN NAME OF MOTHER Minnie White
4. BIRTHPLACE OF MOTHER (State or country) Ky.

IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bluford Lupton
(Address) Salt Lake City

File No. 26587 IN 1918 REGISTERED AT Salt Lake City

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 18 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 1915 to 1917, that I last saw her alive on Oct. 10 1917, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH was as follows:

Pellagra
(Duration) 2 yrs. 6 mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.
(Signed) W. H. Adams M. D. Oct. 11 1917 (Address) Franklin

*State the DISEASE CAUSING DEATH, or, in case from Violent Cause state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, OCCISIONAL or HOMICIDAL.

13. LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 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. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
W. H. Adams Oct 12 1917

15. UNDERTAKER ADDRESS
W. H. Adams Salt Lake City

MARKS RESERVED FOR MICHIGAN
WRITE PLAINLY. IN UNFADING INK—THIS IS A PERMANENT RECORD
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.