

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

PLACE OF DEATH

County Butch
Vol. No. 5106
Inc. Town Butch

Registration District No. 32
Primary Registration District No. 5106

File No.
Registered No. 18781

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

City (No. St., Ward)
FULL NAME Emily Montgomery

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH January 9, 1954
7 AGE 59 yrs. 7 mos. 14 ds. IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION: (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) McGuffin Co Ky

10 NAME OF FATHER Harris Hayes

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Persilla Parrich

13 BIRTHPLACE OF MOTHER (State or country) McGuffin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Montgomery
(Address) Butch, Ky

15 FILED AT: 7-20, 1915 W. C. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 22, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1915, to Aug 22, 1915, that I last saw her alive on Aug 22, 1915, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH* was as follows: Tuberculosis of Lungs

(Duration) 1 yrs. mos. ds.

Contributory (Secondary) none

(Signed) L. F. Robinson, M. D.

Aug 22, 1915 (Address) Butch, Ky

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINS 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 Home from York DATE OF BURIAL Aug 24, 1915

20 UNDERTAKER Wm. C. ... ADDRESS Butch, Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. D.--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.