

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

12208

1 PLACE OF DEATH

County Bath

Vol. Highway

Inc. Town

City

2 FULL NAME

Mary Susan McElhotten

Registration District No. 52

Primary Registration District No. 4087

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH 1883

7 AGE 44 yrs. 4 mos. 4 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) Bath Pa.

10 NAME OF FATHER Walter McCarty

11 BIRTHPLACE OF FATHER (State or country) Pa.

12 MAIDEN NAME OF MOTHER Mary E. Swirell

13 BIRTHPLACE OF MOTHER (State or country) Pa.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John McElhotten
Address East Hill, Pa.

15 Filed 6-11-1927 M. S. McElhotten REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10, 1927

17 I HEREBY CERTIFY, That I attended deceased from June 10, 1927 to 6/10/27, that I last saw him alive on June 10, 1927, and that death occurred on the date stated above at 7 m. The CAUSE OF DEATH was as follows:

Pernicious Anemia

(Duration) 3 yrs. 7 mos. 4 ds.

Contributory (Secondary) (Duration) 3 yrs. 7 mos. 4 ds.

(Signed) J. H. ... M. D.
6-11-1927 (Address) Paradise, Pa.

(State the DISEASE CAUSING DEATH, or in death from VOLUNTARY CAUSES state (1) SCENE or INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS) At place of death 3 yrs. 7 mos. 4 ds. In the State 3 yrs. 7 mos. 4 ds.

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

19 PLACE OF BURIAL OR REMOVAL Paradise, Pa. DATE OF BURIAL 6-12-1927

UNDERTAKER Family ADDRESS none

none

MAKING UNREMOVED FROM RECORDS

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.