

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13098

PLACE OF DEATH

County Bath

Vol. No. Vol 4089

Inc. Town

City

Registration District No. 1-2

Primary Registration District No.

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No.

Registered No.

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

FULL NAME

Mary Jane Hardin

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR White MARRIAGE Married

DATE OF BIRTH Aug 6 1924

AGE 50 yrs 10 mos 11 da

OCCUPATION (a) Trade, profession or particular kind of work none  
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Bath Co. Ky

NAME OF FATHER John Snodgrass

BIRTHPLACE OF FATHER (State or country) Bath Co. Ky

MATERNITY NAME OF MOTHER Lizzie Laddie

BIRTHPLACE OF MOTHER (State or country) Bath Co. Ky

THE ABOVE IN VIEW TO THE BEST OF MY KNOWLEDGE

(Informant) D. C. Jones

(Address) So. O. Hook, Ky

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 12 1924

HEREBY CERTIFY, THAT I attended deceased from March 16, 1924, to June 11, 1924, and that I last saw her alive on June 11, 1924, and that death occurred on the date stated above at 6:30 a.m.

THE CAUSE OF DEATH\* was as follows:  
Alcohol Poison

Contributory (Secondary) Alcohol

(Signed) D. C. Jones M. D.

(Address) Salt Lake, Ky

IF LIMITED BY PERMISSION (For Hospitals, Institutions, Towns or Cities or Board of Health)

Where was disease contracted? at place of death

IF PLACE OF BIRTH OR REMOVAL DATE OF DEATH

UNDERSTATED June 12 1924

REGISTERED Mrs. J. L. Vaughan Salt Lake

REPRODUCED BY PERMISSION OF THE BUREAU OF VITAL STATISTICS, U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK. SIZE SHOULD BE EXACTLY. PHYSICIANS SHOULD SIGN CAUSE OF DEATH IN plain terms, so that it may be properly classified. See instructions on back of certificate.

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