

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

1 PLACE OF DEATH  
County Bath  
Vol. No. 5705  
Inc. Town  
City

Registration District No. 2-2  
Primary Registration Dist. No. 510A

File No. 22820

Registered No.

(No. of death occurred in a hospital or institution give its name and location) (Street and number)

2 FULL NAME Lena Pearl Hardin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

10 DATE OF DEATH  
9 10, 1914  
(Month) (Day) (Year)

6 DATE OF BIRTH  
May 1, 1912  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1914, to Sept 10, 1914, that I last saw her alive on Sept 7, 1914, and that death occurred, on the date stated above, at 3:30 a.m.

7 AGE  
2 yrs. 4 mos. 9 ds. 8 IF LESS than 1 day....hrs. or....min.?

The CAUSE OF DEATH\* was as follows:  
Chronic Paratyphoid miasm  
Septicemia  
(Duration) 7 yrs. .... mos. .... ds.

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

12 BIRTHPLACE (State or country) Satellite Tg

Contributory (Cause) (Duration) 7 yrs. .... mos. .... ds.

10 NAME OF FATHER Leslie Hardin

(Signed) J. C. Alexander, M. D., Sept 11, 1914. (Address) Satellite Tg

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

12 MAIDEN NAME OF MOTHER Mary Jane Goldie

\*State the DISEASE CAUSING DEATH, or, in death from VIOLENCE CAUSE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) Bath Co Tg

(17) LENGTH OF RESIDENCE (For Hospitals, Institutions, Trains, etc. 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 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Leslie Hardin (Address) Satellite Tg

18 PLACE OF BURIAL OR REMOVAL Home Cemetery DATE OF BURIAL 9-11, 1914

15 SIGNATURE OF DECEASED

19 UNDERTAKER Mr. J. M. Vaughn ADDRESS Satellite

16 SIGNATURE OF REGISTRAR J. C. Alexander

MAJOR RECEIVED FOR RECORDS  
WRITE PLAINLY WITH CORRECT SPELLING IN A PREVIOUSLY UNRECORDED SPACE  
18. If necessary, the information should be carefully verified. AGE should be stated EXACTLY. PERSONS should state their sex, and that it may be properly classified. Exact statement of observations is very important. See instructions on back of certificate.