

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

7094

1 PLACE OF DEATH

County Bath

Vol. Pat. Salt Lick

Ino. Town

City

2 FULL NAME Mandy

Roberts

Registration District 52

Primary Registration District No. 5105

File No.

Registered No. 5

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



PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 18, 1848
(Month) (Day) (Year)

7 AGE 73 yrs. — mos. — ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Fielding Johnson

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Patsy Johnson

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ed Myers
(Address) Salt Lick

15 Filed 4-24-1921 M. Z. P. Chapman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 24, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1921 to April 24, 1921, that I last saw he alive on April 22, 1921, and that death occurred on the date stated above at 2 p. m. The CAUSE OF DEATH was as follows:

Diarrhea Enteritis
(Duration) 2 yrs. — mos. — ds.

Contributory (Secondary) (Duration) — yrs. — mos. — ds.

Signed Robert W. Vaughan, M. D.
April 25, 1921 (Address) Farmers

18 STATE THE DISEASE CAUSING DEATH, OR, IN DEATH FROM VOLUNTARY CAUSES, THE MEANS OF INJURY, AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSIENTS 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

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 4-25-1921

UNDERTAKER Major W. Vaughan ADDRESS Salt Lick, Ky

MARGIN RESERVED FOR RECORDS
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. S.—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.