

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

1 PLACE OF DEATH
County Rowan
Vol. No. Farmers #11 Registration District No. 1311
Inc. Town Farmers Primary Registration District No. 2506
City (No. St. Ward)
2 FULL NAME Nancy Catherine Poston

File No. 13
Registered No. Q12
(If death occurred in a hospital or institution give its name instead of street and number.)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

4 DATE OF BIRTH 1840
(Month) (Day) (Year)

7 AGE about 83 yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

6 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

8 BIRTHPLACE (State or country) Virginia

10 NAME OF FATHER Solomon Mitchell

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: Sam Poston
(Address) Farmers, Ky.

15 FILED Oct 1, 1923 Mrs. R. Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH October 29, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1923 to Oct 29, 1923, that I last saw her alive on Oct 27, 1923, and that death occurred on the date stated above at 12 a.m. The CAUSE OF DEATH was as follows:

Tuberculoecler Lethargica
(Duration) 3 yrs. mos. ds.

Contributory (Secondary) None
Duration 3 yrs. mos. ds.
(Signed) D. Shortt, M. D.
Oct 30, 1923 (Address) Farmers

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES etc! (1) NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL!

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YEASANTS OR RECENT RESIDENTS)

At place of death 3 yrs. mos. ds. In the State 3 yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Jones Graveyard DATE OF BURIAL Oct 29, 1923

20 UNDERTAKER Mrs. J. W. Vaughn ADDRESS Saltlick Springs