

County Bath
 Vol. Pct. 4085
 Inc. Town _____
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 52 02
 Primary Registration District No. _____

Registered No. _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Louisa Rutherford Williams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 MARRIAGE STATUS widowed
Single Married Widowed or Divorced (Write the words)

6 DATE OF BIRTH Feb, 16/1844
(Month) (Day) (Year)

7 AGE 83 yrs. 10 mos. 18 da. If LESS than 1 day or min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work House Keeper
 (b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Lee Co. Virginia

10 NAME OF FATHER Don't Know

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) Virginia

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Dec. 29/27 1927
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from Nov. 25/27 1927 to Dec. 20/27 1927, that I last saw her alive on Dec. 20/27 1927, and that death occurred on the date stated above at Old One

The CAUSE OF DEATH* was as follows:
Congestion Of lungs with a general weakness due to old age.

(Duration) 1 yrs. 1 mos. 1 da.

Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ da.

(Signed) D. C. Jones, M. D.
Dec. 30/27 1927 (Address) Salt Lick, Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 at place _____ yrs. _____ mos. _____ da. in the State _____ yrs. _____ mos. _____ da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Jones Cove 12-31-27
REGISTERED ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) N. Ott. Ray
 (Address) Salt Lick, Ky.

15 Filed 12-30 1927 W. B. S. C. Reynolds
 Registrar

Mrs. J. W. Vaughan Salt Lick, Ky.

WRITE PLAINLY. IN 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 plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 MARRIAGE RESERVES FOR RECORDS