

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

PLACE OF DEATH

County Rowan

Vol. No. # 2

Ino. Town Farmers

City

Registration District No. 7499

Primary Registration District No. 7506

File No. 3085

Registered No. 7

(If death occurred in a hospital or institution, give its name (noted on Street and number.)

FULL NAME Elizabeth (Cambell) McElusky

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED OR DIVORCED Married

DATE OF DEATH Jan. 12, 1916

DATE OF BIRTH December 23, 1858

I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1916 to Jan. 12, 1916 that I last saw her alive on Jan. 11, 1916 and that death occurred on the date stated above at 7:45 p.m. The CAUSE OF DEATH was as follows:

AGE 57 yrs. 20 mos. 20 ds. IF LESS than 1 day... hrs. or... min.?

Influenza

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

(Duration) 4 yrs. 4 mos. 0 ds.

BIRTHPLACE (State or country) Nicholas Co.

Contributory acute myocarditis

NAME OF FATHER David Cambell

(Duration) 5 yrs. 5 ds.

BIRTHPLACE OF FATHER (State or country) Ky.

(Signed) Dr. Thomas White, M. D.

MAIDEN NAME OF MOTHER Geary Bowen

Jan. 13, 1916 (Address) Farmers

BIRTHPLACE OF MOTHER (State or country) Ky.

*State the DISSEMINATED DEATH, or, in deaths from TOXIC CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Wm. McElusky

At place of death 4 yrs. 4 mos. 20 ds. In the State 4 yrs. 4 mos. 20 ds.

(Address) Farmers Ky.

Where was disease contracted, if not at place of death?

FILED 1-13-1916 Maud Myers REGISTRAR

Former or usual residence

PLACE OF BURIAL OR REMOVAL James Cemetery DATE OF BURIAL 1-13-1916

UNDERTAKER Mrs. W. W. Salkin ADDRESS

WRITE PLAINLY WITH REFRAINING INK.—THIS IS A PUBLIC HEALTH RECORD. Every item of information 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.