

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

37505

1 PLACE OF DEATH

County Bath

Vol. No. Salt Lick

Inc. Town

City

Registration District No. 82

Primary Registration District No. 3706

File No.

Registered No. 31

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

2 FULL NAME Josa Maud McElloth

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6 DATE OF BIRTH Feb. 24, 1917

7 AGE 1 yr. 9. mo. 2 da. IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Rowan Co. Ky.

10 NAME OF FATHER James Hopkins

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Leda McElloth

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jim Hopkins

(Address) Franklin, Ky.

15 FILED Dec. 21, 1918 J. C. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 20, 1918

17 I HEREBY CERTIFY, That I attended deceased from Dec 17, 1918, to Dec 20, 1918, that I last saw her alive on Dec 20, 1918, and that death occurred on the date stated above at 11 p.m. The CAUSE OF DEATH was as follows:

Pneumonia

Contributory Influenza

(Duration) yrs. mos. 9 da.

(Duration) yrs. mos. 15 da.

Signed: W. H. ... M. D. (Address) Franklin, Ky.

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

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Nov. 7, Ford DATE OF BURIAL 21 Dec. 1918

20 UNDERTAKER Wm. C. ... ADDRESS Salt Lick

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