

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Beth
Vol. Pat. 5106
Inc. Town West Farmers
City _____ (No. _____ St. _____ Ward _____)

File No. 5470
Registered No. 10
(If death occurred in a hospital or institution give its NAME and number of street and number.)

2 FULL NAME Catharine Lowe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE, MARRIED, WIDOWED, DIVORCED, OR SEPARATED (Give the word) Single

6 DATE OF BIRTH April 16, 1910
(Month) (Day) (Year)

7 AGE 11 yrs. 2 mos. 2 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) None

9 BIRTHPLACE (State or country) Beth Co., Ky.

10 NAME OF FATHER Shannon Lowe

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Allie Fuller

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas E. Ingram
(Address) Farmers Ky

15 Filed Mar 31, 1911 J. H. Pierce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 18, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 13th, 1911, to March 18th, 1911, that I last saw her alive on March 18th, 1911, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was as follows:
Cerebro Spinal Fever

Contributory _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Alvin McDear, M.D.
March 18, 1911 (Address) Farmers Ky

18 State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES, with (1) MANNER OF INJURY and (2) whether ACCIDENTAL, POSSIBLY or NON-POSSIBLY.

19 (a) LENGTH OF RESIDENCE UPON HOSPITALS, INSTITUTIONS, TRAININGS OR RECENT RESIDENTS:
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____

Former or usual residence _____

20 PLACE OF BURIAL OR REMOVAL Home DATE OF BURIAL Mar 18, 1911

21 UNDERTAKER J. H. Payne ADDRESS Beth Co. Ky

WRITE PLAINLY, WITH UNFAMING MEASURE IN A PERMANENT INK
 M. - 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.