

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

BUREAU OF VITAL STATISTICS
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

File No. 22688

County Bath

Vol. 5100 No. 4084

Registration District No. 02

Registered No.

Inc. Town: Primary Registration District No.

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

City (No. St. Ward)

2 FULL NAME Elizabeth Boldt

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single Single
 Married Widowed or Divorced (Write the word)

16 DATE OF DEATH Sept 24, 1923
 (Month) (Day) (Year)

6 DATE OF BIRTH (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1923, to Sept 23, 1923, that I last saw him alive on Sept 23, 1923, and that death occurred on the date stated above at 1 P. M.

7 AGE 59 yrs. 00 mos. 00 ds. IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH* was as follows:

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

Dysphasia
 (Duration) yrs. mos. 5 ds.

9 BIRTHPLACE (State or country) Kentucky

Contributory Pari-tubercular disease
 (Secondary) (Duration) yrs. mos. 7 ds.

10 NAME OF FATHER Jeff Boldt

(Signed) Dr. C. P. Jones M. D.
Sept 29, 1923 (Address) Salt Lick, Ky

11 BIRTHPLACE OF FATHER (State or country) Kentucky

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

12 MAIDEN NAME OF MOTHER Berta Kinder

13 BIRTHPLACE OF MOTHER (State or country) Va

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dr. C. P. Jones
 (Address) Salt Lick, Ky

19 PLACE OF BURIAL OR REMOVAL Jones G. yard DATE OF BURIAL 9-26, 1923

15 Filed 9-26, 1923 M^o SC Alexander Registrar

20 UNDERTAKER M^o J W Hargis ADDRESS Salt Lick Ky