

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

PLACE OF DEATH

County *Bath*

Vol. No. *5105*

Loc. Town *Salt Lick, Ky.*

City (No.)

FULL NAME *Ellen Lewis*

52
5105

File No. **18888**

Registered No. *5*

(If death occurred in a hospital or institution, give its name, hospital file or record number.)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INK. THIS IS A PERSISTENT RECORD. 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* MARRIED *Married*

DATE OF BIRTH *Sept 28 1887*

AGE *24 yrs. 2 mo. X 16 ds.*

OCCUPATION *Housewife*

BIRTHPLACE *Bath Co. Ky.*

NAME OF FATHER *Marshall White*

BIRTHPLACE OF FATHER *Ky.*

MAIDEN NAME OF MOTHER *Mrs. J. L. Lewis*

BIRTHPLACE OF MOTHER *Ky.*

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Ellen H. Lewis*

(Address) *Salt Lick, Ky.*

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Aug 5 1912*

I HEREBY CERTIFY, That I attended deceased from *Feb 1912* to *Aug 5 1912* that I last saw her alive on *Aug 5 1912* and that death occurred, on the date stated above, at *8 P. M.*

THE CAUSE OF DEATH* was as follows: *Pulmonary Tuberculosis*

(Duration) *7 yrs. 8 mos. 6 ds.*

Contributory Cause *None Special*

(Signed) *L. F. Robbins, M. D.*

(Address) *Salt Lick, Ky.*

WHERE DISEASE CONTRACTED (If not at place of death) *Former or usual residence*

PLACE OF BURIAL OR REMOVAL *James Green yard*

DATE OF BURIAL *8-7 1912*

UNDERTAKER *Ryan Hook Co*

ADDRESS *Salt Lick, Ky.*