

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

1 PLACE OF DEATH
 County Bath Co.
 Registration District No. 2-2
 Primary Registration Dist. No. 2-106

2 SEX Female 3 AGE 4 4 YEARS 7 5 MONTHS 2 6 DAYS 2

7 FULL NAME Ova Stator 8 SEX Female 9 WARD 18

10 REGISTERED NO. 21478

PERSONAL AND STATISTICAL PARTICULARS

11 SEX Female 12 COLOR OF HAIR White 13 COMPLEXION Fair

14 DATE OF BIRTH May 16, 1912

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

16 BIRTHPLACE (State or country) Bath Co.

17 NAME OF FATHER Willie Stator

18 BIRTHPLACE OF FATHER (State or country) Menafu Co.

19 MARRIAGE NAME OF MOTHER Mary Caldwell

20 BIRTHPLACE OF MOTHER (State or country) Roman Co.

21 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Willie Stator
 (Address) Barrens

22 DATE OF DEATH Sept 17, 1912 23 BY A. E. Alexander
 (Signature) A. E. Alexander

MEDICAL CERTIFICATE OF DEATH

24 DATE OF DEATH Sept 18, 1912

25 I HEREBY CERTIFY That I attended deceased from Sept 18, 1912 to Sept 18, 1912, that I last saw her alive on Sept 18, 1912 and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis

Contributory (Specified) _____ (Duration) _____ (Site) _____ (Age) 181 (Address) Barrens

26 LENGTH OF RESIDENCE (In Hospital, Institution, Yacht, etc. or recent residence)
 At place of death _____ in the _____ State _____
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

27 PLACE OF BURIAL OR REMOVAL Barrens Cemetery 28 DATE OF BURIAL Sept 17, 1912

29 UNDERTAKER A. E. Alexander 30 ADDRESS Barrens

*M. D. - Every case of tuberculosis and every case of cancer, syphilis, and every case of insanity, should be reported to the health officer of the county in which the patient resides. This notification should be made on the back of this certificate.