

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

1 PLACE OF DEATH

County Bath

Vol. No. Salt Lick

Inc. Town

City

2 FULL NAME

Emma McElroy

Registration District No. 27

Primary Registration District No. 5106

File No. 37506

Registered No. 30

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 14, 1884

7 AGE 34 yrs. 2 mos. 5 ds. IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Bath Co. Ky

10 NAME OF FATHER Joe McElroy

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Miss Doyle

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jim Lykens (Address) Harmers

15 FILED 12-20, 1918 Mc Elroy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 19, 1918

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1918 to Dec 19, 1918

that I last saw her alive on Dec 19, 1918 and that death occurred on the date stated above at 4 p. m. The CAUSE OF DEATH was as follows:

Pneumonia

(Duration) 4 yrs. 4 mos. 4 ds.

Contributory (Secondary) None

(Signed) Richard Williams, M. D. (Address) Harmers

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents): At place of death 4 yrs. 4 mos. 4 ds. In the State 4 yrs. 4 mos. 4 ds.

19 Where was disease contracted, if not at place of death? Former or usual residence Harmers

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Dec 20, 1918

21 UNDERTAKER Mc J. R. Vaughn ADDRESS Salt Lick

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.