

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

File No. **6678**

PLACE OF DEATH
County **Bath**
Vol. No. **5106**
Inc. Town
City _____ St. _____ Ward _____

Registration District No. **32**
Primary Registration District No. **32**

Registered No. _____
(If not entered in a register of deaths, give in full name of informant)

FULL NAME: **Mrs. Minnie Currie**

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** COLOR OR RACE **White** MARRIAGE STATUS **Married**

DATE OF BIRTH **Aug 7, 1901**

AGE **19 mo 7 da**

OCCUPATION
(a) Trade, profession, or particular kind of work **None**
(b) General nature of industry, business or establishment in which employed (if any)

RESIDENCE (Name or address) **Bath Co. Ky**

NAME OF FATHER **David Gilbert**

RESIDENCE OF FATHER (Name or address) **Bath Co. Ky**

NAME OF MOTHER **Anne Nixon**

RESIDENCE OF MOTHER (Name or address) **Bath Co. Ky**

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Mrs. C. J. Jones**
(Address) **Salt Lick, Ky**

File **3-13, 1920** in **the** **abstract**

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **Mar 13, 1920**

I HEREBY CERTIFY, THAT I attended deceased from **March 7, 1920**, to **March 13, 1920**, that I last saw her alive on **March 12, 1920**, and that death occurred on the date stated above at **12:11 p.m.** The CAUSE OF DEATH was as follows:
Double Bleeding Pneumonia

DEATH (Cause) **yes** **no** **7 da**
Department **Hygiene**

(Signed) **C. J. Jones, M.D.**
Mar 13, 1920 (Address) **Salt Lick, Ky**

PLACE OF RESIDENCE (For Hospital Institutions, Sanatoriums or Asylum Hospitals)

At place of death **yes** **no** **da** **State** **yr** **mo** **da**
Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL **Yonkers** DATE OF BURIAL **3-14-20**
ADDRESS **1115 W. Vaughan Salt Lick**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully checked. AGE should be stated EXACTLY. FURTHER INFORMATION AS TO CAUSE OF DEATH should be given where, so that it may be properly classified. Report statements of informants in every instance.