

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

PLACE OF DEATH
County Ross
Vol. No. # 2
Ins. Town
City (No. St. Ward)

7492

File No. 2795

Registered No. 1

FULL NAME Mabel Carpenter

(If death occurred in a hospital or institution, give the name thereof, if street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

DATE OF BIRTH Jan 29 1914

AGE 1 yr. 11 mo. 7 da. (If LESS than 1 day, hrs. or min.)

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

BIRTHPLACE (State or country) Bath Co., Ky.

NAME OF FATHER Turner Carpenter

BIRTHPLACE OF FATHER (State or country) Bath Co., Ky.

MAIDEN NAME OF MOTHER Myrtle Redgett

BIRTHPLACE OF MOTHER (State or country) Rowan Co., Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Turner Carpenter

(Address) Farmers Rg.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 4 1914

I HEREBY CERTIFY that I attended deceased from Jan 1st 1914 to Jan 4th 1914 that I last saw her alive on Jan 4th 1914 and that death occurred, on the date stated above, at 11 a.m.

CAUSE OF DEATH* was as follows: bronchus pneumonia

(Duration) 1 yr. 11 mo. 15 da.

Contributory Cause acute spinal fever

(Duration) 1 yr. 11 mo. 1 da.

(Signed) Abner W. McCreary, M. D. (Address) Farmers Rg.

Was the DECEASED CAUSED DEATH, or INJURY, from VIOLENT CAUSE, (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death 1 yr. 11 mo. 7 da. In the State 1 yr. 11 mo. 7 da.

Where was disease contracted, if not at place of death? Usual residence

PLACE OF BURIAL OR REMOVAL Farmers Cemetery DATE OF BURIAL Jan 6 1914

UNDERTAKER Mr. W. R. Thomas ADDRESS Salt Lick

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. D.—Every item of information should be correctly supplied. AGE should be stated in YEARS, MONTHS and DAYS. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.