

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

28983

1 PLACE OF DEATH

County *Bath*

Vol. No. *Salt Lake*

Inc. Town *706*

City

2 FULL NAME

Bell Right

Registration District No. *132*

Primary Registration District No. *132*

File No.

Registered No. *16*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*

6 DATE OF BIRTH *Mont 16 1899*

7 AGE *about 68 yrs* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Bath Co.*

10 NAME OF FATHER *Alf Myers*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *May Ingram*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Alex. Alberty*

(Address) *Farmers*

15 Filed *11-24, 1919* *W. H. Alexander* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *11-23 1919*

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 23, 1919*, that I last saw her alive on *Nov. 22, 1919*, and that death occurred on the date stated above at *9:30 P.M.* The CAUSE OF DEATH* was as follows:

Chronic endocarditis

(Duration) *1 yrs. mos. ds.*

Contributory (Duration) *1 yrs. mos. ds.*

Signed *W. H. Alexander*, M.D. (Address) *Farmers*

*State the DISEASE CAUSE OF DEATH, or, in case of TRAILING CAUSES, the MEANS OF INJURY; and (2) whether ACCIDENTAL, NEGLECTED, or SUICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death... In the State...

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

19 PLACE OF BURIAL OR REMOVAL *Jones Grave* DATE OF BURIAL *Nov. 24, 1919*

20 UNDERTAKER *Mrs. J. W. Vaughan* ADDRESS *Salt Lake*

NOTE PLAINLY, WITH UNPAID... Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly classed. Exact statement of OCCUPATION is very important. See instructions on back of certificate.