

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

12834

## 1 PLACE OF DEATH

County RowanVot. Pct. FarmersInc. Town Farmers

City.....

Registration District No. 1311Primary Registration District No. 2506

(No. .... St., .... Ward)

## 2 FULL NAME

Hellin Georgine Mage

File No. ....

Registered No. 8

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)6 DATE OF BIRTH May 12, 1924  
(Month) (Day) (Year)7 AGE Still Born IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work.....  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Rowan Co.10 NAME OF FATHER Benjamin Mage11 BIRTHPLACE OF FATHER (State or country) Rowan Co.12 MAIDEN NAME OF MOTHER Anna May Wicklomen13 BIRTHPLACE OF MOTHER (State or country) Rowan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Benjamin Mage(Address) Farmers15 Filed May 13, 1924 Mrs. J. G. Evans

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 192....., to ..... 192....., that I last saw h..... alive on ..... 192....., and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH\* was as follows:  
Sill Born  
(Duration) ..... yrs. .... mos. .... ds.Contributory Premature  
(Secondary) (Duration) ..... yrs. .... mos. .... ds.(Signed) D. H. Johnson M. D.  
May 12, 1924 (Address) Farmers

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death..... yrs. .... mos. .... ds. In the State..... yrs. .... mos. .... ds.

Where was disease contracted,

if not at place of death?.....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Jones Graveyard May 12, 1924

20 UNDERTAKER ADDRESS

Johnie Calvert Wass head KyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.