

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

28993

1 PLACE OF DEATH

County Bath Co.

Vol. No. 5106

Ino. Town

City

Registration District No. D 12

Primary Registration District No.

File No. 28993

Registered No.

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

2 FULL NAME Mrs. Ida Day

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 3 SINGLE MARRIED, WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH 10 (Day) 10 (Month) 1919 (Year)

7 AGE 27 yrs. 0 mos. 0 ds. IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Roxana Co. Ky

10 NAME OF FATHER Jno. Roberto

11 BIRTHPLACE OF FATHER (State or country) Roxana Co. Ky

12 MARRIAGE OF MOTHER Lula Washburn

13 BIRTHPLACE OF MOTHER (State or country) Roxana Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. R. Vaughan

(Address) Balt. Dick Ky

15 Filed 11-17-1919 Mrs. H. C. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 15, 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1919, to Nov. 15, 1919, that I last saw him alive on Nov. 15, 1919, and that death occurred on the date stated above at 11 P. m. The CAUSE OF DEATH was as follows:

Pharynx & Sarcoidia

(Duration) 5 yrs. 0 mos. 0 ds.

Contributory (Secondary) Tuberculosis

(Duration) 2 1/2 yrs. 0 mos. 0 ds.

(Signed) C. W. Jones, M. D.

Nov. 17, 1919 (Address) Balt. Dick Ky

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, SHIPMENTS OR RECENT RESIDENTS) At place of death 0 yrs. 0 mos. 0 ds. State 0 yrs. 0 mos. 0 ds.

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

19 PLACE OF BURIAL OR REMOVAL Douglas Grange DATE OF BURIAL Nov. 17, 1919

20 UNDERTAKER Mrs. J. R. Vaughan ADDRESS Balt. Dick Ky

Every item of information 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. Instructions on back of certificate.