

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Bart

Vol. No. 2 4085

Ino. Town Salt Lick

City (Outside town limits)

Registration District No. 52

Primary Registration District No. 5106

File No. 6662

Registered No.

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

2 FULL NAME Mary Jane Pengrem

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important. Instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIED, WIDOWED, OR DIVORCED Married
(Write the word!)

6 DATE OF BIRTH June 19, 1858
(Month) (Day) (Year)

7 AGE 64 yrs. (P), mos. (P), 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) Ky.

10 NAME OF FATHER Joseph Fanning

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Mathilde Cox

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Robt Pengrem (Address) Salt Lick, Ky.

15 Filed 3-20, 1923 M. J. S. C. Alexander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 19, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1923, to March 19, 1923, that I last saw him alive on March 18, 1923, and that death occurred on the date stated above at 8:30 a.m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(Duration) 19 yrs. 0 mos. 19 ds.

Contributory (Secondary) (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) J. P. Clapsal, M. D. March 20, 1923 (Address) Salt Lick, Ky.

*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 0 yrs. 0 mos. 0 ds. In the 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 Dover grave DATE OF BURIAL Mar. 20, 1923

20 UNDERTAKER Mr J. W. Vaughan ADDRESS Salt Lick Ky