

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Mason

Registration District No. 2038

File No. 25136

Vot. Prec. Manassah

Primary Registration Dist. No.

Registered No. 11

Inc. Town Manassah

City (No. St.) Ward) Manassah

[If death occurred in a hospital or institution give its NAME instead of street and number.]

FULL NAME Mary Elizabeth Fowl

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OF RACE White 5 SINGLY MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

20 DATE OF DEATH Sept 30, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

21 I HEREBY CERTIFY, That I attended deceased from Mary 1913, to Sept 30, 1913, that I last saw her alive on Sept 1st 1913, and that death occurred, on the date stated above, at 6 P.M.

7 AGE yrs. mos. ds. If LESS than 1 day hrs. or min.?

The CAUSE OF DEATH* was as follows:
Apoplexy and infarct of heart

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

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

9 BIRTHPLACE (State or country) Monroe Co Ky

10 NAME OF FATHER Jess Lane

11 BIRTHPLACE OF FATHER (State or country) K.C.

12 MAIDEN NAME OF MOTHER Jane Turner

13 BIRTHPLACE OF MOTHER (State or country) Monroe Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G B Good
(Address) Manassah

(Signed) J. D. Wilson, M. D.
Sept 4, 1913 (Address) Manassah

*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) 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

15 Filed 9-5-1913 Sept 2nd
REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Rocky Hill DATE OF BURIAL Sept 4 - 1913

17 UNDERTAKER H. E. West ADDRESS Manassah

M. D.—Every item of information should be carefully supplied. NAME should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions at back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD