

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

PLACE OF DEATH
County Maurose
Vol. Fol.
Ino. Town
City Center Point

Registration District No. 111
Primary Registration District No. 111
(No. St., Ward)

File No. 22557
Registered No. 169

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

2 FULL NAME Lillian M. Munday

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
6 DATE OF BIRTH Sept 11 1889
7 AGE 31 yrs. 11 mos. 11 ds. 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) Ky

10 NAME OF FATHER George M. Munday
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Elizabeth Munday
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mattie Munday
(Address) Center Point, Maurose Co., Ky

15 Filed Oct 20 1921 W. H. Hoffmann
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1921, to Aug 17, 1921, that I last saw him alive on Aug 17, 1921, and that death occurred on the date stated above at 10 A.M. THE CAUSE OF DEATH* was as follows: Pulmonary Pneumonia

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) M. L. Davis yrs. ... mos. ... ds.
(Signed) M. L. Davis M. D.
(Address) Marionburg 191...

*State the DISEASE CAUSING DEATH, or, if death from VIOLENT CAUSE, (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL or HOMICIDE.
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 Center Point, Maurose Co., Ky DATE OF BURIAL Aug 15, 1921
20 UNDERTAKER W. H. Hoffmann ADDRESS

WRITE 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 terms, so that it may be properly filed. Exact statement of OCCUPATION is very important! --Instructions on back of certificate.