

1 PLACE OF DEATH

County *Mich.*
City *Greenville*



Commonwealth of Kentucky
STATE BOARD OF HEALTH
DEPT. OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registered District No. *871*

Primary Registration District No. *2436*

Ino. Town *Chicago Ill.* St. *Ill.* Ward

2 FULL NAME *Ieda Bard*

File No. **36103**

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *Col* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

6 DATE OF BIRTH *1892*
(Month) (Day) (Year)

7 AGE *25* yrs. mos. 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) *Greenville Ky*

10 NAME OF FATHER *Lee Bard*

PARENTS 11 BIRTHPLACE OF FATHER (State or country) *Greenville Ky*

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (State or country) *St. Carrollton*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Rose Bard Hardin*
(Address) *Greenville Ky*

15 File No. *no 7*, 191*8* *1st B. Hickely*
REGISTRAR *On file*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 7 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 7*, 191*8*, to *Nov 7*, 191*8*, and that I last saw him *alive* on *Nov 7*, 191*8*.

and that death occurred on the date stated above at *m.* The CAUSE OF DEATH' was as follows:
Pelvic Abscess - Stricture - Retention

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

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) *F. Rensch*, M. D. *11-7*, 191*8*. (Address) *Chicago Ill.*

*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 *East End Bg. Grille* DATE OF BURIAL *11/9 1918*

20 UNDERTAKER *J. C. George* ADDRESS *Greenville*

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.