

## COMMONWEALTH OF KENTUCKY

26281

## 1 PLACE OF DEATH

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Mullensberg

File No. ....

Vot. Pct. ....

Registration District No. 10 87Registered No. 25Inc. Town Central CityPrimary Registration District No. 2435

City .....

(No. .... St. .... Ward)

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

2 FULL NAME Nannie Crist(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE White5 Single Divorced  
Married  
Widowed  
Or Divorced  
(Write the word)

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from Oct. 1, 1927 to Nov 2, 1927that I last saw her alive on Oct. 20, 1927and that death occurred on the date stated above at Central City, Ky.The CAUSE OF DEATH\* was as follows:  
Subacute nephritis5a If married, widowed, or divorced  
HUSBAND of John  
(or) WIFE of John6 DATE OF BIRTH Feb 15, 1862  
(Month) (Day) (Year)

7 AGE

65 yrs. 8 mos. 19 ds.IF LESS than 1  
day ..... hrs.  
or ..... min?

8 OCCUPATION OF DECEASED

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

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

Contributory  
(Secondary)

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

9 BIRTHPLACE (city or town)  
(State or country) Ky.10 NAME OF FATHER Rollie Crist11 BIRTHPLACE OF FATHER (city or town)  
(State or country) Ky.12 MAIDEN NAME OF MOTHER Mary Eick13 BIRTHPLACE OF MOTHER (city or town)  
(State or country) Ky.14 (Informant) Hattie Stewart(Address) Central City, Ky.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? No Date of .....Was there an autopsy? NoWhat test confirmed diagnosis? Yes(Signed) Charles M. D.Nov 3, 1927 (Address) Central City, Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Central City, Ky. Nov 4, 1927

20 UNDERTAKER

ADDRESS

Arthur L. Moseley Central City, Ky.Filed 11-3, 1927 A. L. Bradford  
Registrar

WRITE PLAINLY, IN 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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NEVER REWRITTEN FOR ERRORS