

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27868

1 PLACE OF DEATH
County Hughesburg

File No. _____

Vol. Pat. EmisRegistration District No. 7127Registered No. 11

Inc. Town. _____

Primary Registration District No. 7

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

City. _____

(No. _____ St. _____ Ward _____)

2 FULL NAME Leletha A. Mefford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced Madam
(Write the word)6 DATE OF BIRTH 4 24 1891
(Month) (Day) (Year)7 AGE 90 yrs. 7 mos. 17 ds. IF LESS than 1 day or min?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).9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER George Mefford11 BIRTHPLACE OF FATHER (State or country) unknown12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. J. Gales
(Address) Hughesburg Ky

15

Filed Jan 5, 1922 A. L. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 11 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1921, to Dec 11, 1921 that I last saw her alive on Dec 10, 1921, and that death occurred on the date stated above at 5 P.M.
The CAUSE OF DEATH* was as follows:Bronchial Pneumonia
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ d.(Signed) W. J. Gales M. D.
Dec 12, 1921 (Address) Richetts 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 _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____

If not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Simmons Chapel DATE OF BURIAL 12-13
20 UNDERTAKER W. F. Hood ADDRESS Richetts

WRITE PLAIN 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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REMARKS RESERVED FOR MEDICINE