

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 26198

Registered No. _____

1. PLACE OF DEATH

County MuhlenbergVot. Prec. Belton Ky

Inc. Town _____

City _____

Registration District No. 1090Primary Registration District No. 2847

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

2. FULL NAME

Hattie Elizabeth Wilkerson(a) Residence. No. Belton Ky. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Jas. Monroe Wilkerson6. DATE OF BIRTH Dec 9 18567. AGE Years 77 Months 9 Days 16 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 5712. BIRTHPLACE Tennessee13. NAME Wm. Lile14. BIRTHPLACE Tennessee15. MAIDEN NAME (not known)16. BIRTHPLACE Tennessee17. INFORMANT W. J. Wilkerson(Address) Belton Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Hazel Creek Ky. Date Sept 26 193419. UNDERTAKER J. P. Kimmel(Address) Drakesboro Ky.20. FILED Oct 25 1934 Mrs. P. H. Craycraft

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 25, 193422. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934 to Sept 25, 1934. I last saw her alive on Sept 16, 1934. Death is said to have occurred on the date stated above, at 3 p. m. The principal cause of death and related causes of importance in order of onset were as follows:Chronic Interstitial Nephritis 1933Contributory causes of importance not related to principal cause:
Senility 1930Name of operation None Date of None
What test confirmed diagnosis? symptoms Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: suicide, or homicide? date of injury _____ 19____
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury no injury
Nature of injury no injury24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) A. H. Newman, M. D.
(Address) Drakesboro, Ky.

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. 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.