

## COMMONWEALTH OF KENTUCKY

12058

## 1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. ~~12058~~County MuhlenbergVol. No. # 8Registration District P 2867

Registered No. ....

Inc. Town PerrodPrimary Registration District No. 2090

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

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

2 FULL NAME Mrs Abner Wood

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH 8 10 1879  
(Month) (Day) (Year)7 AGE 46 yrs. 8 mos. 29 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) Kentucky10 NAME OF FATHER Henry Hurb11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Mary Day13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed ..... 192..... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 11 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from ..... 1921, to ..... 1923, that I last saw h..... alive on 3/11, 1923, and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis  
(Duration) 2 yrs. .... mos. .... ds.

Contributory (Secondary) .....

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

(Signed) ....., M. D.  
..... 192..... (Address) .....

\*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 ..... In the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,

if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Mt Mariah 4/12 192320 UNDERTAKER ADDRESS  
S. Reclar Dunmore, Ky

AGENT RECORD

MACHINE REPRODUCED FOR

WRITE PLAINLY, WITH UNFADING INK—THROUGH

and EXACTLY. PHYSICIANS should not statement of OCCUPATION is

Every item of information should be carefully supplied. AGE should be stated in full, so that it may be properly classified. See instructions on back of certificate.