

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Monroe*

Vol. Pct. *#5 East*

Ino. Town

Primary Registration District No. *7035*

City

(No. *America* St., Ward)

2 FULL NAME

*America Sears*

File *15241*

Registered No. *22*

[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 *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*  
(Write the word)

6 DATE OF BIRTH *May 11, 1846*  
(Month) (Day) (Year)

7 AGE *71* yrs. - mos. - ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Tenn.*

PARENTS

10 NAME OF FATHER *Walker Grace*

11 BIRTHPLACE OF FATHER (State or country) *Tenn.*

12 MAIDEN NAME OF MOTHER *Jallie Head*

13 BIRTHPLACE OF MOTHER (State or country) *Tenn.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. W. Yobler*  
(Address) *Tompkinsville, Ky.*

15 File *May 11, 1917* *S. L. Gill*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 11, 1917*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 21*, 1916, to *May 11*, 1917, that I last saw him alive on *May 11*, 1917, and that death occurred on the date stated above at *11 P. m.* The CAUSE OF DEATH\* was as follows:

*Cancer of Stomach*

(Duration) *10* yrs. *10* mos. *10* ds.

Contributory (SECONDARY) (Duration) *10* yrs. *10* mos. *10* ds.

(Signed) *J. W. Yobler*, M. D. *May 12, 1917* (Address) *Tompkinsville, 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, *10* yrs. *10* mos. *10* ds. State, *10* yrs. *10* mos. *10* ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Bailey Grace yard* DATE OF BURIAL *May 12, 1917*

20 UNDERTAKER *J. W. Yobler* ADDRESS *Tompkinsville, Ky.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

B. E.--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. MEDICAL STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.