

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County MorganVol. For. Recorder's Office

Inc. Town _____

City _____

(No. _____)

St. _____

Ward _____)

FULL NAME Aminda WilsonFile No. 28716Registered No. 23

(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 (Write the word) widow6 DATE OF BIRTH April 22 1883
(Month) (Day) (Year)7 AGE 69 yrs. 6 mos. 29 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.10 NAME OF FATHER Lehamp Wilson11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Stacy Minnett13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gillie Wilson
(Address) Mershock, Ky.15 Dated Nov. 21, 1912 at M. P. Hammer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 21, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1912, to Nov. 21, 1912, that I last saw h. ex. alive on Nov. 21, 1912, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Impacted Bowel(Duration) ____ yrs. ____ mos. 9 ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W. A. Symons, M. D.
Nov 22, 1912 (Address) Mershock, Ky.

*State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

(1b) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted,
If not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Temple Hill DATE OF BURIAL Nov. 22, 191220 UNDERTAKER J. W. Yarbly ADDRESS Temple Hill, Ky.

MARGIN RESERVED FOR BINDING

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

M. D.—Every item of information should be correctly 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.