

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 1-50m-1-27-27

1 PLACE OF DEATH
 County Monroe

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

File No. 29032
 Registered No. 50

Vot. Pct. NO. 6 Registration District No. 1064
 Inc. Town _____ Primary Registration District No. 6736
 City _____ (No. _____ St., _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Cerilda J. ~~Keller~~ Waller
 (a) Residence. No. _____ St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>female</u> XXXXX	4 COLOR OR RACE <u>white</u>	5 Single Married Widowed or Divorced <u>Widowed</u> (Write the word)	16 DATE OF DEATH <u>12/27/27</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased	
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>widow</u>			from _____, 19____, to _____, 19____ that I last saw h_____ alive on _____, 19____		
6 DATE OF BIRTH <u>Feb. 8 1848</u> (Month) (Day) (Year)			and that death occurred on the date stated above at <u>11:30</u> The CAUSE OF DEATH* was as follows:		
7 AGE <u>79</u> yrs. <u>10</u> mos. <u>18</u> ds.			<u>Cancer of Face</u> (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>housekeeper</u> (b) General nature of industry, business or establishment in which employed (or employer). <u>retired</u>			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (city or town) <u>Ky.</u> (State or country)			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>J. Morris</u> , M. D. <u>12-30, 1927</u> (Address) <u>Tompkinsville, Ky.</u>		
PARENTS	10 NAME OF FATHER <u>John W. Moore</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky.</u> (State or country)		19 PLACE OF BURIAL OR REMOVAL <u>Harlans X Roa s Cem.</u> DATE OF BURIAL <u>12/28/27</u> , 19____		
	12 MAIDEN NAME OF MOTHER <u>Mary Greenup</u>		20 UNDERTAKER <u>J.W. Yokley, Tompkinsville, Ky.</u> ADDRESS _____		
13 BIRTHPLACE OF MOTHER (city or town) <u>Tenn.</u> (State or country)		14 (Informant) <u>Willard Davis</u> (Address) <u>Tompkinsville, Ky.</u>			
15 Filed <u>12/30/27</u> , 19____ Registrar _____					

MARGIN RESERVED FOR BINDING
 EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain text. Important. See instructions on back of certificate.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 3rd day of March, 1928

Barbara F. White
 Barbara F. White, State Registrar