

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 5811

PLACE OF DEATH
County Macon

Vot. Prec. 3/Brush

Registration District 133

Registered No.

Inc. Town..... Primary Registration District No.

City..... (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Lucinda Bowman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) wid.

16 DATE OF DEATH Feb. 19, 1920
(Month) (Day) (Year)

6 DATE OF BIRTH Feb. 11, 1842
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 12, 1920, to Feb 12, 1920, that I last saw her alive on Feb 12, 1920

7 AGE 78 yrs. 8 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?

and that death occurred on the day stated above at 11 P.M. The CAUSE OF DEATH* was as follows:

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

Chronic Valvula, heart disease

9 BIRTHPLACE (State or country) Tenn.

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

10 NAME OF FATHER Nathan J. Goss

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

11 BIRTHPLACE OF FATHER (State or country) Tenn.

(Signed) E. C. Palumbo No. B. Feb. 21, 1920 (Address) St. Louis, Mo.

12 MAIDEN NAME OF MOTHER Jane Comer

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. B. Bowman

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

(Address) Quincy, Ky.

19 PLACE OF BURIAL OR REMOVAL Mt. Gilead DATE OF BURIAL Feb. 21, 1920

15 Filed Feb. 22, 1920 of F. Halloway REGISTRAR

20 UNDERTAKER J. W. Yokley, Campbellville, Ky. ADDRESS

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