

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Morgan

Vol. No. #10 - South Fork

Registration District No. 840

Ino. Town

Primary Registration District No. 2040

City

(No. St., Ward)

2 FULL NAME

Mary E Ford

File No. 30347

Registered No. 55

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

16 DATE OF DEATH Nov. 20, 1913
(Month) (Day) (Year)

6 DATE OF BIRTH Unknown, 1
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 5, 1913, to Nov. 20, 1913, that last seen alive on Nov. 19, 1913, and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH* was as follows:
Abdominal aneurism
(Duration) 1 yrs. 10 mos. ds.

7 AGE about 65 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)

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

9 BIRTHPLACE (State or country) Tennessee

(Signed) J. F. Mann, M. B.

PARENTS

10 NAME OF FATHER L. M. Ford

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mary A. E. Ford

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

(Address) Franklinville, Ky

Nov. 20, 1913

*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 yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Yockey
(Address) Franklinville, Ky

19 PLACE OF BURIAL OR REMOVAL Ford Grave yard DATE OF BURIAL Nov. 21, 1913

15 Filed Nov. 20, 1913 S. L. Hill
REGISTRAR

20 UNDERTAKER J. W. Yockey ADDRESS Franklinville, Ky

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 instructions on back of certificate. OCCUPATION is very important. See instructions on back of certificate.