

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9176

## 1 PLACE OF DEATH

County Itt Rm KyVot. Pct. Itt Rm Ky

Inc. Town.....

City.....

Registration District No. 1067Primary Registration District No. 12

(No. .... St. .... Ward)

File No. ....

Registered No. 1

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

## 2 FULL NAME

Sallie Cook

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Sept 9 1860  
(Month) (Day) (Year)7 AGE 62 yrs. 5 mos. 6 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION (a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. S. Cook(Address) Fontaine Rm Ky15 Filed 3-16 1923 J. D. Dancy Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 9, 1923, to March 15, 1923, that I last saw him alive on March 14, 1923, and that death occurred on the date stated above at 5 a.m.

THE CAUSE OF DEATH\* was as follows:

Cerebral Hemorrhage(Duration) ..... yrs. .... mos. 6 ds.

Contributory (Secondary).....

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

(Signed) J. D. Dancy, M. D.  
March 16 1923 (Address) Fontaine Rm 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 ..... 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 DATE OF BURIAL

Fontaine Rm Ky March 16 1923

20 UNDERTAKER ADDRESS

J. C. Jones Itt Rm Ky

MADE BY RESERVE FOR BIR

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 language, so that it may be properly classified. At statement of OCCUPATION is very important. See instructions on back of certificate.