

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Christian  
Vol. Po Polynia # 30  
Inc. Town  
City Western (Name of Hospital, St., Ward)  
2 FULL NAME Matilda Hall

Registration District No. 230  
Primary Registration Dist. No. 51110

File No. 12465  
Registered No. 134  
(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 Widow  
6 DATE OF BIRTH Don't know  
7 AGE about 70 If LESS than 1 day, hrs, or min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Tenn.  
10 NAME OF FATHER Don't know  
11 BIRTHPLACE OF FATHER (State or country)  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 16, 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan, 1913, to May 16, 1913 that I last saw her alive on 16, 1913 and that death occurred, on the date stated above, at 10am.

The CAUSE OF DEATH was as follows: Chronic Dysentery

3 - yrs - (Duration) yrs. mos. ds.

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

(Signed) A. B. Trigg M. D.  
May 17, 1913 (Address) Hopkinsville, Ky

\*State the DISEASE CAUSING DEATH, or, in death 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 3 yrs. mos. ds. In the State      yrs. mos. ds.

Where was disease contracted, If not at place of death? at place of death

Former or usual residence Christians Co Ky

19 PLACE OF BURIAL OR REMOVAL #17 Vating Precinct DATE OF BURIAL May 17, 1913

20 UNDERTAKER Marion Smith ADDRESS Hopkinsville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John B. Harned  
Hopkinsville Ky

15 Filed May 17, 1913 W. H. Martin REGISTRAR

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. E. statement of OCCUPATION is very important. See instructions on back of certificate.