

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16924

1 PLACE OF DEATH

County NelsonVot. Pct. Chapin 14

Inc. Town.....

City.....

Registration District No. 7170Primary Registration District No. 6863

(No. St., Ward)

File No.....

Registered No.....

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

2 FULL NAME Mrs Amanda Boone

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 Feb. 25, 1845
(Month) (Day) (Year)7 AGE 78 yrs. 3 mos. 7 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work House Keeping
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Ky.10 NAME OF FATHER Will Peake11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Lucinda Edline13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mike Boone(Address) New Haven Ky.15 Filed June 6, 1923 Wilmer Pince
Registrar

11-2104

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1923, to....., 192....., that I last saw her alive on May 1, 1923, and that death occurred on the date stated above at 9 A m.

The CAUSE OF DEATH* was as follows:

Legion that she was
(Duration) yrs. 6 mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) J. J. [Signature], M. D.
[Signature], 192..... (Address) New Haven 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 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

19 PLACE OF BURIAL OR REMOVAL New Haven Ky. DATE OF BURIAL June 7, 192320 UNDERTAKER W. J. Coyte ADDRESS New Haven Ky.

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.