

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County.....

Vot. Pct..... Registration District No.....

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

City..... (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. Lottie Thompson*

## 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 *Nov 27 1878*  
(Month) (Day) (Year)7 AGE *45 yrs 8 mos 1 ds.*  
IF LESS than 1 day ----- hrs. or ----- min?8 OCCUPATION  
(a) Trade, profession or particular kind of work.....  
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) *Kentucky*10 NAME OF FATHER *John Matt Greenwell*11 BIRTHPLACE OF FATHER (State or country) *Kentucky*12 MOTHER NAME OF MOTHER *Elizabeth Greenwell*13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Mrs. J. Boone Peake*(Address) *New Haven Ky*15 Filed *June 29 1924* *Wilmer Hise*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *June 28 1924*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1923*, to *June 28, 1924*, that I last saw her alive on *June 27 1924* and that death occurred on the date stated above at *5:45* pm.The CAUSE OF DEATH\* was as follows:  
*Tuberculosis of Lungs**About* (Duration) 1 yrs. .... mos. .... ds.

Contributory (Secondary) .....

(Signed) *J. I. Brunell* (Duration) .... yrs. .... mos. .... ds.  
....., 192.... (Address) *New Haven*, M. D.

\*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 ..... In the  
of death ..... yrs. .... mos. .... ds. 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

*New Haven Ky June 30 1924*20 UNDERTAKER ADDRESS  
*B. J. Coyle New Haven*

MARGIN RESERVED FOR BLEND

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.