

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
Reg. Dist. No. 4
Primary " " 3091

5445

PLACE OF DEATH
County Bourbon
Vol. Pat. Cade City # 11
Inc. Town
City (No. St. Ward)
FULL NAME Margaret Ann Howell

File No.
Registered No. 17
(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (If give the word) widowed
DATE OF BIRTH Sept 25 1848
(Month) (Day) (Year)
AGE 63 yrs. mos. ds. IF LESS than 1 day.... hrs. or min. 1
OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Bourbon Ky
10 NAME OF FATHER Saml Newton
11 BIRTHPLACE OF FATHER (State or country) not known
12 MAIDEN NAME OF MOTHER Rebecca Gill
13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. M. Gardner
(Address) Cade City R.F.D. #2

15 Filed Mar 18, 1911 Mrs Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 12, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 24, 1911, to March 12, 1911, that I last saw her alive on Mar 12, 1911, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:
Malaria

(Duration) yrs. mos. ds.
Contributory Bronchopneumonia
(occasion) (Duration) yrs. mos. ds.
(Signed) Jno A White, M. D.
3-16, 1911 (Address) Cade City Ky

*State the DISEASE CAUSING DEATH, or is death from VIOLENT CAUSE, state particulars of INJURY, and (3) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
(18) LENGTH OF RESIDENCE (For Hospital, Institutions, Transients At place of death yrs. mos. ds. State 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 Small Cemetery DATE OF BURIAL Mar 13, 1911
20 UNDERTAKER Wm. J. ... ADDRESS Scottsville

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