

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. B. 2-200m-5-11-23

COMMONWEALTH OF KENTUCKY

1 PLACE OF DEATH

County Henry
 Vot. Prec. Smithfield
 Inc. Town.....
 City..... (No. St., Ward)

State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 702
 Primary Registration District No. 5702

File No. 6517
 Registered No. 5

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

2 FULL NAME Minta Tedrick

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE White
 5 Single Widowed
 Married
 Widowed
 or Divorced
 (Write the word)

6 DATE OF BIRTH Sept 17th 1849
 (Month) (Day) (Year)

7 AGE 78 yrs. 5 mos. 26 days
 IF LESS than 1 day..... hrs or..... min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work Domestic
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER William Hill

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Annandale

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Annie Batts
 (Address) Portroyal Ky

15 Filed 3/15, 1928 G. E. Clafford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 13, 1928
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

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

(Duration)..... yrs..... mos..... ds.
 (Signed) H. W. Lesley M. D.

192..... (Address) Frankfort 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. State..... yrs..... mos..... ds.
 Where was disease contracted,
 if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Smithfield Ky DATE OF BURIAL Feb 15, 1928

20 UNDER-TAKER Mrs. Carty & Pickett Eminence ADDRESS

UNFADING INK—THIS IS A PERMANENT RECORD
 should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
 Exact statement of OCCUPATION is
 terms, so that it may be properly class
 on back of certificate.
 N. B.—EV. CAUSE OF DEATH in
 state CAUSE OF DEATH in
 very important. See instructi
 11-3184



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 31 day of Oct, 1928.

Barbara F. White

Barbara F. White, State Registrar