

Every item of information on this form should be carefully supplied. AGE should be stated in full years, months and days. PLACE OF BIRTH, OCCUPATION, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION every important. See instructions on back of certificate.

FORM V. B. 1-2000 M. 10-15-10

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Pulaski  
Vol. Pat. Diarrhea  
Inc. Town Ingles  
City Ingles (No. 7427) St. Ward

FILE NO. 14170

Registered No. 14170  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Sarah Jane Rainwater

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
6 DATE OF BIRTH 28 Jan 4, 1885 (Month) (Day) (Year)  
7 AGE 28 yrs. 4 mos. 2 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)

Pulaski co Ky

PARENTS

10 NAME OF FATHER

Bart. J. Widdle

11 BIRTHPLACE OF FATHER (State or country)

Pulaski co Ky

12 MAIDEN NAME OF MOTHER

Sarah Jane Widdle

13 BIRTHPLACE OF MOTHER (State or country)

Pulaski co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin H. Jurely  
(Address) Lawrence

15 Filed May 30, 1913 W. J. Minton  
REGISTRAR

11-6184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1913, to May 29, 1913, that I last saw her alive on May 25, 1913, and that death occurred, on the date stated above, at 11 P. M. The CAUSE OF DEATH\* was as follows:

Pellagra

(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Brent Widdle M. D.  
May 30, 1913 (Address) Cain's Store

\*State the DISEASE CAUSING DEATH, or, in deaths FROM VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(IN) 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

DATE OF BURIAL

John J. Jurely's Grave yard

May 30, 1913

20 UNDERTAKER

ADDRESS

W. S. Wilson

Lawrence

#1943