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Form V. S. 2—200m—6-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.....
Registered No.....

1 PLACE OF DEATH

County... Logan
Vot. Pct... E Lewisburg
Inc. Town... Lewisburg
City...
Registration District No... 1922
Primary Registration District No... 702
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
(No.... St., ... Ward)

2 FULL NAME... Lula June Rainwater

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 Single, Married, Widowed or Divorced (Write the word): married
6 DATE OF BIRTH: Dont Know (Month) (Day) (Year)
7 AGE: ... yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min?
8 OCCUPATION
(a) Trade, profession or particular kind of work: Home keeper
(b) General nature of industry, business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Logan Co

PARENTS
10 NAME OF FATHER: A. Penrod
11 BIRTHPLACE OF FATHER (State or country): Logan Co
12 MAIDEN NAME OF MOTHER: Jennie Wilson
13 BIRTHPLACE OF MOTHER (State or country): Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Virgie Rainwater
(Address) Lewisburg Ky

15 Filed Feb 18, 1923 Chas. J. ... Registrar

11—2184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 18 (Day) 1923 (Year)

17 I HEREBY CERTIFY, That I attended deceased
from ..., 192..., to ..., 192...,
that I last saw h... alive on ..., 192...,
and that death occurred on the date stated above at ... m.
The CAUSE OF DEATH* was as follows:
Lung trouble Weeks
for year
(Duration) ... yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) ..., M. D.
..., 192... (Address) ...

*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: Center Cemetery — DATE OF BURIAL: Feb 19, 1923
20 UNDERTAKER: E J Honeycutt — ADDRESS: Lewisburg

#1965

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. Examine statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

LEAVES RESERVED FOR BINDING