

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Lyon

Vol. East Lewisburg

Inc. Town

City

Registration District No. 12

Primary Registration Dist. No. 6724

File No. 31493

Registered No.

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

FULL NAME Mary Hildebrand

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

DATE OF DEATH 12-29-1912

DATE OF BIRTH 12-10-1845

I HEREBY CERTIFY, That I attended deceased from June, 1911, to 12-10-1912

AGE 67 yrs. 9 mo. 19 ds.

that I last saw h. live on 12-10-1912 and that death occurred, on the date stated above, at 8:30 am.

OCCUPATION Housewife

The CAUSE OF DEATH* was as follows: Extreme Bronchitis

BIRTHPLACE Lyon Co - Kentucky

(Duration) 2 yrs. 0 mo. 0 ds.

NAME OF FATHER James P. Rainwater

Contributory Heart trouble

BIRTHPLACE OF FATHER Ky (P)

(Signed) L. J. ... M. D. 12-29-1912 (Address) Lewisburg, Ky.

MAIDEN NAME OF MOTHER Stinson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

BIRTHPLACE OF MOTHER Ky (P)

(1) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mo. ... ds. In the State ... yrs. ... mo. ... ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. P. Bimbley (Address) Lewisburg, Ky.

Former or usual residence

DATE 12/29, 1912 REGISTRAR L. P. Bimbley

PLACE OF BURIAL OR REMOVAL Lewisburg DATE OF BURIAL Dec 30, 1912 UNDERTAKER E. J. Marghaeda ADDRESS Lewisburg