

Farthing, Cora Shelton 1892 - 1926

Form V. S. 1-50m-3-4-34

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

File No. **9620**

1 PLACE OF DEATH
County Harrodsburg
Reg. District No. 563
Primary Registration District No. 563

Vet. Post Harriet, Lick, Ky
Inc. Town
City (No. St. Ward)

2 FULL NAME Cora Farthing

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Not known
(Month) (Day) (Year)

7 AGE 33 yrs. mos. ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Etha Ward Shelton
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER Clara Kennedy
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Farthing
(Address) Harriet Lick Ky

15 FILED April 1926 H. S. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19 1926
DELAY (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1925, to Jan 19, 1926, that I last saw her alive on Jan 17, 1926, and that death occurred on the date stated above at 12:20 m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 2 yrs. mos. ds.

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

(Signed) J. N. Smith M. D.
1-19-1926 (Address) Paint Post 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. 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 Red House Ky DATE OF BURIAL 1/20/26

20 UNDERTAKER Edwin + Rowland Richmond ADDRESS

11-5194 127

EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.