

Hamilton, Dorothy Kathleen 1918 - 1918

FORM V 8 1-8008 2-29-12

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

1095

1 PLACE OF DEATH
County Carter
Vol. No. Waller Registration District No. 320
Ino. Town Primary Registration District No. 8739
City (No. St. Ward) Waller

2 FULL NAME Dorothy Kathleen Hamilton

File No.
Registered No. 246
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>F.</u>	4 COLOR OR RACE <u>W.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Nov 15, 1918</u> <small>(Month) (Day) (Year)</small>	17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 1st</u> , 1918, to <u>Nov 15</u> , 1918, that I last saw her alive on <u>Nov 13</u> , 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows: <u>Influenza</u> (Duration) yrs. mos. ds.
6 DATE OF BIRTH <u>April 15, 1918</u> <small>(Month) (Day) (Year)</small>	7 AGE <u>7</u> yrs. mos. ds.	IF LESS than 1 day ... hrs. or min.?	Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) <u>D. B. Brundage, M.D.</u>, 191... (Address) <u>Waller, Ky.</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
9 BIRTHPLACE (State or country) <u>Estell Co Ky.</u>			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	
10 NAME OF FATHER <u>Holla Hamilton</u>			19 PLACE OF BURIAL OR REMOVAL <u>Waller, Ky.</u> DATE OF BURIAL <u>Nov 16, 1918</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>Estell Co Ky.</u>			20 UNDERTAKER <u>Waller, Ky.</u> ADDRESS	
12 MAIDEN NAME OF MOTHER <u>Susan J. Murbin</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Estell Co Ky.</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Susan J. Hamilton</u> (Address) <u>Waller, Ky.</u>				
15 Filed 191 <u>Waller, Ky.</u> Registrar				

11-3184