

FORM V - 1-1908

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

1 PLACE OF DEATH
County Fayette

2 FULL NAME Sophia Morgerson

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH Aug. 2, 1881

7 AGE 27 yrs. 1 mo. 1 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) Kentucky

PARENTS
10 NAME OF FATHER L. B. Benton
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Elizabeth Horn
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. M. Leslie
(Address) Union City, Ky.

15 Filed 5/30, 1919 REGISTRAR

16 DATE OF DEATH May 29, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191....., to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at 3:30 p.m. The CAUSE OF DEATH* was as follows:
Colony pain

Contributory (SECONDARY) Respiratory
(Duration)..... yrs..... mos..... ds.

(Signed) Thos. G. Jousher, M. D.
May 30, 1919 (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. State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Union City, Ky.

19 PLACE OF BURIAL OR REMOVAL Union City, Ky. DATE OF BURIAL..... 191.....

20 UNDERTAKER J. H. Wood ADDRESS Union City, Ky.

File No. 15764
Registered No. 22

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

11-3164

should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.