

Hume, Jessie Mendenhall 1888 - 1910

MAKE CERTAIN, WITH UNFADING INK--THIS IS A PERMANENT RECORD.

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.

TELEPHONE OF HEALTH OFFICER, SOUTH 427.

DO NOT USE LEAD PENCIL. ONLY INK ONES WILL BE RECEIVED.

CITY OF COVINGTON, KY.
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH.

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

City of COVINGTON. (No. 1106 Holman St. Ward.) Registered No. 29059

No. FULL NAME Jessie Hume

INCOMPLETE RECORDS WILL NOT BE RECEIVED BY THE HEALTH OFFICER.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX <u>Female</u> COLOR <u>White</u>	DATE OF DEATH <u>July 11</u> 19 <u>10</u> (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I have attended deceased from <u>June 25</u> 19 <u>10</u> to <u>July 11</u> 19 <u>10</u> that I last saw him alive on <u>July 11</u> 19 <u>10</u> and that death occurred, on the date stated above, at <u>8:00</u> A. M. The CAUSE OF DEATH was as follows: <u>apoplexy</u>
AGE <u>22</u> Years, months, days	and that death occurred, on the date stated above, at <u>8:00</u> A. M. The CAUSE OF DEATH was as follows: <u>638</u>
SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	(DURATION) <u>10</u> DAYS
BIRTHPLACE (State or county) <u>Ky.</u>	Contributory <u>Apoplexy</u>
NAME OF FATHER <u>John Mendenhall</u>	(DURATION) <u>15</u> DAYS
BIRTHPLACE OF FATHER (State or county) <u>Ky.</u>	(Signed) <u>E. M. D.</u>
MAIDEN NAME OF MOTHER <u>Alice Culbertson</u>	100 (Address) <u>Covington 07</u>
BIRTHPLACE OF MOTHER (State or county) <u>Ky.</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.
OCCUPATION	Former or Usual Residence How long at Place of Death? Days
THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF	Where was disease contracted, If not at place of death?
(Informant) <u>M. Hume</u>	PLACE OF BURIAL OR REMOVAL <u>Independence</u> DATE OF BURIAL <u>July 13</u> 19 <u>10</u>
(Address) <u>1106 Holman</u>	UNDERTAKER <u>Collison & Co</u> ADDRESS <u>Cov Ky</u>
Filed 190 Registrar	

RULE 1.--State Board of Health.--Transportation by public conveyance of bodies of persons dead of small-pox, diphtheria, membranous croup, Asiatic cholera, typhus or yellow fever is forbidden.