

Denton, Jessie Rose 1893 - 1918

FORM V 5 1-8-00M 2-29-12

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

1 PLACE OF DEATH
County Boyle Registration District No. 230
Vol. Boyle Primary Registration District No. 2165
Ino. Town Lexington (No. 6 State Hospital St., Ward)
City Lexington (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jessie Denton

File No. 38631
Registered No. 1286

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH 1893
(Month) (Day) (Year)

7 AGE 25 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) Harrison Co. Ky.

10 NAME OF FATHER Robert Cook

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Kate Miller

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Carroll Record
(Address) Mentmore Co.

15 Filed 1/2 1919 W. A. Furlong REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 24, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1918, to Dec. 24, 1918, that I last saw h. alive on 1918, and that death occurred on the date stated above at 10 AM. The CAUSE OF DEATH* was as follows:
Cardiac Dilatation
..... (Duration) yrs. mos. 4 ds.

Contributory Angina Pectoris
(Secondary) man (Duration) yrs. 1 mos. ds.

(Signed) M. C. Wansley, M. D.
Dec. 24, 1918 (Address) Lex. 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. 4 ds. In the State 25 yrs. mos. ds.
Where was disease contracted, if not at place of death? At home
Former or usual residence Mentmore Co. Ky.

19 PLACE OF BURIAL OR REMOVAL Dixie Ky. DATE OF BURIAL Dec. 26, 1918

20 NAME OF MINISTER OR CLERGYMAN W. J. Mitchell ADDRESS Lex. Ky.