

Prows, Lucy Holland 1863 - 1910

OCT 3 1910

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

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

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

City of COVINGTON. (No. 572 Russell St. Ward.) Registered No. 29729

No. FULL NAME Mrs Lucy Prows

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>October 2</u> 19 <u>10</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>March 4</u> 18 <u>63</u> (Month) (Day) (Year)		I HEREBY CERTIFY, That I have attended deceased from <u>Oct 25</u> 19 <u>10</u> to <u>Oct 2</u> 19 <u>10</u> that I last saw her alive on <u>Oct 2</u> 19 <u>10</u> , and that death occurred, on the date stated above, at <u>about 4</u> P. M. The CAUSE OF DEATH was as follows: <u>Apoplexy</u> <u>921</u>	
AGE <u>47</u> Years, <u>5</u> months, <u>28</u> days	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>	Contributory <u>cut sun</u> (DURATION) <u>14</u> DAYS	
BIRTHPLACE (State or county) <u>Indiana</u>	NAME OF FATHER <u>Elijah Holland</u>	(Signed) <u>L. Deuffner</u> M. D. 100 (Address)	
BIRTHPLACE OF FATHER (State or county) <u>Indiana</u>	BIRTHPLACE OF MOTHER (State or county) <u>Harrison County Ky</u>	SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.	
MAIDEN NAME OF MOTHER <u>Martha Johnson</u>	OCCUPATION <u>Housekeeper</u>	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			
(Informant) <u>Mrs Will Massey</u>	PLACE OF BURIAL OR REMOVAL <u>Cynthiana Ky</u>	DATE OF BURIAL <u>10/4</u> 19 <u>10</u>	
(Address) <u>Richmond Indiana</u>	UNDERTAKER <u>W. C. ...</u>	ADDRESS <u>Covington Ky</u>	
Filed	100 Registrar		

TELEPHONE OF HEALTH OFFICER, SOUTH 427.

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

DEATHS IN OTHER CITIES, THAT IT MAY BE PROPERLY CERTIFIED, MAY BE GIVEN IN EVERY INSTANCE.

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.

Daughter