

Smith, Lillie 1900 - 1933

Form V. S. 1-B-100m-9-9-30

14087

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jefferson
Vot. Prec. Anchorage Registration District No. 8004
Inc. Town Lakeland Primary Registration District No. 757
City Kentucky (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillie Smith (committed from Jefferson County, Kentucky)
(a) Residence. No. Central State Hospital St., _____ Ward Lakeland, Kentucky
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 8 mos. 1 ds. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH							
3. SEX Female	4. COLOR OR RACE White	5. Single, Married, Widowed or Divorced (write the word) Single		21. DATE OF DEATH (month, day, and year) <u>6/24, 1933</u>							
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 1, 1933</u> , 19____ to <u>June 24, 1933</u> , 19____							
6. DATE OF BIRTH (month, day, and year) <u>July 8, 1900</u>				I last saw her alive on <u>June 24, 1933</u> death is said to have occurred on the date stated above, at <u>8:45A.m.</u>							
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		The principal cause of death and related causes of importance in order of onset were as follows:							
Years <u>32</u>	Months <u>11</u>	Days <u>16</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Date of onset</th> </tr> </thead> <tbody> <tr> <td><u>PULMONARY TUBERCULOSIS</u></td> <td></td> </tr> <tr> <td>Contributory causes of importance not related to principal cause:</td> <td></td> </tr> </tbody> </table>			Date of onset	<u>PULMONARY TUBERCULOSIS</u>		Contributory causes of importance not related to principal cause:	
	Date of onset										
<u>PULMONARY TUBERCULOSIS</u>											
Contributory causes of importance not related to principal cause:											
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____									
12. BIRTHPLACE (city or town) <u>Warsaw</u> (State or country) <u>Kentucky</u>				Name of operation _____ Date of _____							
13. NAME <u>Miller Smith</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____							
14. BIRTHPLACE (city or town) <u>Bracken County</u> (State or country) <u>Kentucky</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____							
15. MAIDEN NAME <u>Jennie Sharfe</u>				Where did injury occur? _____ (Specify city or town, county, and State)							
16. BIRTHPLACE (city or town) <u>Bourbon County</u> (State or country) <u>Kentucky</u>				Specify whether injury occurred in industry, in home, or in public place. _____							
17. INFORMANT <u>Records-Central State Hospital</u> (Address) <u>Lakeland, Kentucky</u>				Manner of injury _____							
18. BURIAL, CREMATION, OR REMOVAL Place <u>Lakeland Ky</u> Date <u>June 26, 1933</u>				Nature of injury _____							
19. UNDERTAKER <u>B. B. ...</u> (Address) <u>Lakeland Ky</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____							
20. FILED <u>June 24 1933</u> <u>J. F. ...</u> Registrar.				(Signed) <u>Geo B. Markey</u> , M. D. (Address) <u>Lakeland, Ky</u>							