

Finnell, Edith E 1914 - 1914

Dr R J Estlin

FORM V - 1-2008 1-25-12

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

1 PLACE OF DEATH
County Bourbon

Vol. Pat. Registration District No. 330

Ino. Town Lancaster Primary Registration District No. 2765

City Lancaster No. 147 Land Dist. Ward

2 FULL NAME Edith E. Finnell

File No. 3915

Registered No. 143

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>wh</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Feb 18, 1914</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Feb 15, 1914</u> to <u>Feb 17, 1914</u> that I last saw <u>her</u> alive on <u>Feb 17, 1914</u> and that death occurred on the date stated above at <u>3 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Cardiac Asthenia</u> (Duration) yrs. mos. ds.
6 DATE OF BIRTH <u>Jan 31, 1914</u> (Month) (Day) (Year)			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death?	
7 AGE yrs. mos. <u>17</u> ds. IF LESS than 1 day ... hrs. or ... min.?			Contributory (SECONDARY)	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business or establishment in which employed (or employer)			(Signed) <u>R. J. Estlin</u> M. D. <u>Feb 19, 1914</u> (Address) <u>Lancaster, Ky</u>	
9 BIRTHPLACE (State or country) <u>Ky</u>			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.	
PARENTS	10 NAME OF FATHER <u>W. B. Finnell</u>		19 PLACE OF BURIAL OR REMOVAL <u>Lux Cemetery</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>		DATE OF BURIAL <u>Feb 19, 1914</u>	
	12 MAIDEN NAME OF MOTHER <u>Gertrude Sayre</u>		20 UNDERTAKER <u>W. R. Milward</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>		ADDRESS <u>Lux Ky</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. Finnell</u> (Address) <u>Lux Ky, R.R. #4</u>				
15 Filed <u>Feb 19, 1914</u> <u>C. M. Hornbrook</u> REGISTRAR				

11-3184