

Finnell, Margaret Elizabeth 1921 -1921

Form V. S. 1-15m-4-18-19

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

Dr. Cox.
File No. **9813**
Registered No. **389**
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County **Fayette**
Vot. Prec. **Fork Springs** Registration Distr. **370**
Inc. Town _____ Primary Registration District No. **5261**
City **Lexington Ky.** (No. **7 miles** **Rice Pike** Ward)

2 FULL NAME **Margaret Elizabeth Finnell**

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	16 DATE OF DEATH May 25 , 1921 (Month) (Day) (Year)	
6 DATE OF BIRTH May 23 - 1921 (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from May 23 , 1921, to May 25 , 1921, that I last saw her alive on May 23 , 1921, and that death occurred on the date stated above at 7 am .	
7 AGE x yrs. x mos. 3 days IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: Cerebral Hemorrhage	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) Infant			(Duration) 1 yrs. 1 mos. 2 ds.	
9 BIRTHPLACE (State or country) Kentucky			Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER J. J. Finnell		(Signed) Walter Cox M. D.	
	11 BIRTHPLACE OF FATHER (State or country) Ky		May 25 1921 (Address) Lex. Ky.	
	12 MAIDEN NAME OF MOTHER Ray Sears		*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) Ky.		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? Former or usual residence _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Minnie Stephenson (Address) Lex. Ky.				
15 Filed 6/2 , 1921 W. H. Stephens Registrar			19 PLACE OF BURIAL OR REMOVAL Lex. Cemetery DATE OF BURIAL May 25 1921	
			20 UNDERTAKER John Milward ADDRESS Lex. Ky.	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11-2194