

FORM V. 9. 1-1900 M. 10-19-10

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

1 PLACE OF DEATH  
County Boyle  
Vot. Prec. Maddock  
Inc. Town .....

File No. 20257  
Registered No. 18

3 FULL NAME Jessie Walker

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

MARGIN RESERVED FOR BINDING  
WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7. 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.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX <u>Female</u>	5 COLOR OR RACE <u>White</u>	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
8 DATE OF BIRTH <u>November 16<sup>th</sup></u>	9 AGE <u>75</u> yrs. <u>8</u> mos. <u>22</u> ds.	
10 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
11 BIRTHPLACE (state or country) <u>Virginia</u>		
12 NAME OF FATHER <u>James F. Bailey</u>		
13 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>		
14 MAIDEN NAME OF MOTHER <u>Phoebe Cox</u>		
15 BIRTHPLACE OF MOTHER (State or country) <u>Virginia</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
August 8<sup>th</sup>, 1911  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1911, to Aug 8, 1911, that I last saw her alive on Aug 7, 1911, and that death occurred, on the date stated above, at 2 a.m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
3

(Signed) H. M. Sabor M. D.  
Aug. 8, 1911 (Address) Rosedale Ky

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL

(3) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. 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) David L. Bailey  
(Address) Rosedale Ky

15 Filed Aug 8<sup>th</sup>, 1911, Marion M. Ward  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL  
Walker graveyard  
DATE OF BURIAL  
Aug 9, 1911

20 UNDERTAKER  
Wm. Wilcox  
ADDRESS  
Rosedale Ky