

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 1-125m-6-19-19

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

29981

1 PLACE OF DEATH
County Jefferson

Vot. Pct. _____ Registration District No. _____

Inc. Town _____ Primary Registration District No. 2275

City Louisville Ky (No. Norton Spurgeon St., Ward _____)

2 FULL NAME Mrs. Mary Eliz Russell Harlan

File No. _____
Registered No. 3879
(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>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Dec 17</u> , 19 <u>22</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Nov 3</u> , <u>1887</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>10 weeks</u> , 19 <u>22</u> to <u>Dec 17</u> , 19 <u>22</u> , that I last saw her alive on <u>Dec 17</u> , 19 <u>22</u> and that death occurred on the date stated above at <u>11:50</u> a.m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory (Secondary) <u>Heart</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>Elmer M. Tolson</u> , M. D. <u>Dec 17, 1922</u> (Address) _____	
7 AGE <u>33</u> yrs. <u>1</u> mos. <u>14</u> ds. IF LESS than 1 day _____ hrs. or _____ min?			18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the State _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) _____			19 PLACE OF BURIAL OR REMOVAL <u>Cave Hill Cemetery</u> DATE OF BURIAL <u>Dec 19</u> , 19 <u>22</u>	
9 BIRTHPLACE (State or country) <u>La Grange Ky</u>			20 UNDERTAKER <u>John Maas Co.</u> ADDRESS <u>Louisville Ky</u>	
10 NAME OF FATHER <u>James Russell</u>				
11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>				
12 MAIDEN NAME OF MOTHER <u>Elizabeth Morgan</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mariam B. Morgan</u> (Address) <u>La Grange Ky</u>				
15 Filed _____, 19 <u>22</u> Registrar _____				

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

11-3134



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 2 day of Jul, 1922.

Barbara F. White

Barbara F. White, State Registrar