

PLACE OF DEATH

County Knox 2300

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Vol. Pat. #1 (571)

Registration Dist 2300

File No. 1753

Ino. Town.....

Registered No. 1

City Barboeville Ky (No.....) St. 1 Ward.....

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

FULL NAME Katie Englaro Diskin

**2200**

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

DATE OF BIRTH July 15 1885  
(Month) (Day) (Year)

AGE 25 yrs. 5 mos. 16 ds. If LESS than 1 day..... hrs. or..... min.?

OCCUPATION (a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Campbell Texas

10 NAME OF FATHER E. T. Englaro

11 BIRTHPLACE OF FATHER (State or country) Habersham Co Ga.

12 MAIDEN NAME OF MOTHER Francis Prion

13 BIRTHPLACE OF MOTHER (State or country) Madison Co Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. T. Englaro

(Address) Barboeville Ky

15 Filed 1, 1911 J. M. Wilson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH December 30, 1910  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1910, to Dec. 30, 1910, that I last saw her alive on Dec. 30, 1910, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Appendicitis

(Duration)..... yrs..... mos. 10 ds.

Contributory Dehiscence of gibe body  
(SECONDARY) (Duration)..... yrs..... mos..... ds.

(Signed) W. B. Burrows M. D.  
Jan 15, 1911 (Address) Barboeville Ky

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

(16) 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.....

19 PLACE OF BURIAL OR REMOVAL Centerville DATE OF BURIAL Jan 1, 1911

20 UNDERTAKER W. S. Gapper ADDRESS Barboeville Ky

OPC 2342 2-17-56

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

2. E.—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.