

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

1 PLACE OF DEATH

County McCracken

Vot. Pct. None

Inc. Town Paducah

City Paducah

Registration District No. 220

Primary Registration District No. 2340

No. Riverside Hospital

File No. 40951

Registered No. 411

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

2 FULL NAME Mrs Audie Fristae

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE W 5 SINGLE MARRIED, WIDOWED OR DIVORCED Married

6 DATE OF BIRTH Feb 6, 1894

7 AGE 34 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Elisa Boyd

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Matilda Ellen's

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Frank Fristae

(Address) Hollow Rock Tenn

15 Filed 12/4, 1918 W. J. Bass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 3, 1918

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1918, to Dec 3, 1918 that I last saw her alive on Dec 3, 1918 and that death occurred on the date stated above at 1:35 P.M. The CAUSE OF DEATH\* was as follows:

Meningitis, following mastoid operation

Contributory Influenza

(Signed) H. H. Reynolds, M. D. Dec 4, 1918 (Address) Paducah

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

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? Hollow Rock Tenn Former or usual residence Hollow Rock Tenn

19 PLACE OF BURIAL OR REMOVAL Hollow Rock Tenn DATE OF BURIAL 12/5, 1918

20 UNDERTAKER Hollow Rock Tenn ADDRESS Paducah

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
N. B.--Every item of information 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.