

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

1 PLACE OF DEATH

County

Muhlenberg

Vot. Pot.

Registration District No. 471

Ino. Town

Primary Registration District No. 2436

City

Greenville Ky

(No.)

St.,

File No.

30856

Registered No.

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

2 FULL NAME

Louisa J. Boggs

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female  
4 COLOR OR RACE white  
5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) widow

6 DATE OF BIRTH Apr 9, 1893  
(Month) (Day) (Year)

7 AGE 28 yrs. 7 mos. 12 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) Sin Clair County Ill

PARENTS

10 NAME OF FATHER Robt Middleton

11 BIRTHPLACE OF FATHER (State or country) So. Carolina

12 MAIDEN NAME OF MOTHER Anna Cairns

13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

M L Boggs

(Address) Greenville Ky

15

Filed

11/20, 1919  
O. W. Sickelpe  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 19, 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1919, to Nov 18, 1919, that I last saw him alive on Nov 18, 1919, and that death occurred on the date stated above at 2:15 P.M. The CAUSE OF DEATH\* was as follows:

Hemiplegia of right side

(Duration) yrs. mos. ds.

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

(Signed) H. D. Newman, M. D.  
Nov 19, 1919. (Address) Dealestown Ky

\*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, TRAM SIGHTS or RECENT RESIDENTS) In the 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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Greenville Ky Nov 20, 1919

20 UNDERTAKER ADDRESS  
McDonald & Dewitt Greenville Ky