

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

14185

1 PLACE OF DEATH
Middlesboro, Ky.
County Middlesboro, Ky.
Reg. Dist. No. 870
City, Town, Loc. Middlesboro, Ky. Primary Registration District No. 2435
City (No.) _____ St., _____ Ward _____
2 FULL NAME Amiginetta Brown

File No. _____

Registered No. 7

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, DIVORCED, OR WIDOWED (Write the word)
6 DATE OF BIRTH <u>July 1853</u> (Month) (Day) (Year)		
7 AGE <u>69 yrs. 7 mos. 2 ds.</u>		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or similar kind of work. <u>House Keeper</u> (b) General nature of industry, business or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>March 19, 1922</u> (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>Dec 1, 1920</u> to <u>March 19, 1922</u> , that I last saw her alive on <u>March 15, 1922</u> , and that death occurred on the date stated above at <u>8 P. M.</u> The CAUSE OF DEATH* was as follows: <u>Pulmonary Paralysis</u>
(Duration) ... yrs. <u>3</u> mos. ... ds.

Contributory (secondary) _____ (Duration) ... yrs. ... mos. ... ds.
(Signed) Nancy J. Ideles, M. D.
March 20, 1922 (Address) Central City, 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, TRAVELERS OR RESIDENT 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
Ferrumans DATE OF BURIAL
3/20

20 UNDERTAKER
Martin Moore ADDRESS
Central City, Ky.

PARENTS	9 BIRTHPLACE (State or country) <u>Middlesboro Co Ky</u>
	10 NAME OF FATHER <u>Thomas Caff</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Middlesboro Co Ky</u>
	12 MARRIED NAME OF MOTHER
	13 BIRTHPLACE OF MOTHER (State or country)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) <u>C. Brown</u> (Address) <u>P. O. #1 Central City, Ky.</u>	
15 Date <u>4/30</u> No. <u>2</u> <u>A. L. Blalock</u>	