

P 8/23/16

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg

Vol. Pat. Court House

Inc. Town

City (No.) St. Ward) Flourville

File No. 21578

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2 SEX Female 4 COLOR OR RACE Black 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) —

16 DATE OF DEATH Aug 23, 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 23, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1916 to Aug 23, 1916, that I last saw her alive on still born, and that death occurred, on the date stated above, at 479P.

7 AGE Still born If LESS than 1 day ... hrs. or ... min.?

The CAUSE OF DEATH* was as follows:

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

still born
(Duration) yrs. mos. ds.

9 BIRTHPLACE (state or country) Muhlenberg

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

PARENTS

10 NAME OF FATHER Willie Robinson

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Mary Crawford

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

(Signed) T. B. Slator M. D. Aug 23, 1916 (Address) Greenwell

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

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. B. Slator

(Address) Greenwell

Where was disease contracted, if not at place of death? Former or usual residence

15 Filed 8/23/16, 1916 C. B. Weckliffe REGISTRAR

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER ADDRESS

* Every item of information should be carefully verified. 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.