



12167

1 PLACE OF DEATH
 County Mullerburg
 Vol. Pat. West Court # Registration District No. 871
 Inc. Town Greenville Primary Registration Dist. No. 113
 City Greenville (No. _____) St. _____ Ward _____
3 FULL NAME Livia Earles

File No. _____
 Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female **4 COLOR OR RACE** col **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
 (Write the word)
6 DATE OF BIRTH Dec 24, 1900
 (Month) (Day) (Year)
7 AGE 17 yrs. 3 mos. 21 ds. **IF LESS than 1 day** _____ hrs, or _____ min?
8 OCCUPATION
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) young lady
9 BIRTHPLACE (State or country) Mullerburg
10 NAME OF FATHER Clare Earles
11 BIRTHPLACE OF FATHER (State or country) Mullerburg
12 MAIDEN NAME OF MOTHER Clide Martin
13 BIRTHPLACE OF MOTHER (State or country) Mullerburg

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 20, 1917
 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Oct, 1916, to Apr 20, 1917,
 that I last saw her alive on Apr 20, 1917,
 and that death occurred, on the date stated above, at home.
 The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory tuberculosis
 (secondary) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) A. Cornelius, M. D.
Apr 23, 1917 (Address) Greenville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, if not at place of death? _____
 Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs Clide Earles
 (Address) Greenville Ky

19 PLACE OF BURIAL OR REMOVAL West End **DATE OF BURIAL** 4-23-1917
20 UNDERTAKER Geo. E. Grogg **ADDRESS** Greenville Ky

Filed 4/25, 1917 A. McNeill
 REGISTRAR

STATE PLAINLY, WITH CAREFULNESS AND ACCURACY. PARTICULARS should include sex, age, color, race, occupation, and date of death. If death occurred in a hospital or institution, give its name instead of street and number. See instructions on back of certificate.