

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

1 PLACE OF DEATH

County *Madison*

Vot. Prec. *15*

Ino. Town *Deaton*

City

Registration District No. *D 713*

Primary Registration District No.

(No.

St.,

Ward)

2 FULL NAME *Not named*

File No.

Register *1917*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*

4 COLOR OR RACE *White*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
(Write the year)

6 DATE OF BIRTH *Nov 2, 1917*

(Month)

(Day)

(Year)

7 AGE

IF LESS than 1 day... hrs. or 30 min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work *None*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

10 NAME OF FATHER *Osca Carver*

11 BIRTHPLACE OF FATHER (State or country) *ky*

12 MAIDEN NAME OF MOTHER *Belle Gray*

13 BIRTHPLACE OF MOTHER (State or country) *ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Osca Carver*

(Address) *Deaton*

15

Filed *10-7-1917*

W. H. Hoover

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 10, 1917*

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 5, 1917*, to *Nov 5, 1917*, that I last saw her alive on *Nov 5, 1917* and that death occurred on the date stated above at *9:30* P.M. The CAUSE OF DEATH was as follows:

Premature birth

(Duration)

ysr.

mos.

30 days

Contributory (SECONDARY)

(Signed) *W. H. Hoover*, M. D.

Nov 6, 1917 (Address) *Deaton*

*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?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Deaton

Nov 7, 1917

20 UNDERTAKER

ADDRESS

J. L. Thomas

Deaton

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.