

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

1 PLACE OF DEATH

County *Murderburg*

Vol. No. *100*

Inc. Town *Greenville*

City

2 FULL NAME *Sallie Fox*

Registration District No. *87th*

Primary Registration District No. *7132*

(No. .... St., .... Ward)

File No. *28769*

Registered No. *100*

(If death occurred in a hospital or institution, give its full name and street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX *Female* 4 COLOR OR RACE *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*

6 DATE OF BIRTH *April 1, 1880*  
(Month) (Day) (Year)

7 AGE *26 yrs. 0 mos. 0 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Murderburg*

10 NAME OF FATHER *E. J. Fox*

11 BIRTHPLACE OF FATHER (State or country) *South Carolina*

12 MAIDEN NAME OF MOTHER *Ann Godman*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Walter Fox* (Address) *Greenville*

15 Filed *Nov 3, 1912* *W. A. Franklin* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH *Nov. 12, 1912*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 20, 1912*, to *Nov 12, 1912*, that I last saw him... alive on *Nov 3, 1912*, and that death occurred on the date stated above at *4 P.M.* The CAUSE OF DEATH\* was as follows:

*Pulmonary tuberculosis*  
(Duration).... yrs.... mos. *7*.... ds.

Contributory (SECONDARY) (Duration).... yrs.... mos.... ds. (Signed) *A. Counseling* M.D. *Nov. 13, 1912* (Address) *Greenville, Ky.*

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

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 *Greenville* DATE OF BURIAL *Nov. 3, 1912*

20 UNDERTAKER *J. E. George* ADDRESS *Greenville*