

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vol. No. *West Register 13*

Inc. Town.....

City..... (No. St. Ward)

2 FULL NAME *Annie Ara Etta Goodall*

Registration District No. *871*

Primary Registration District No. *7123*

File No. *25962*

Registered No. *88*

(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 (Write the word) *Single*

6 DATE OF BIRTH *April 4, 1873*
(Month) (Day) (Year)

7 AGE *39 yrs. 6 mos. 6 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co. Ky*

10 NAME OF FATHER *John Goodall*

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

12 MAIDEN NAME OF MOTHER *Jane Poley*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs. J. B. Hunt* (Address) *Summit, Ky.*

15 *OCT 11 1912* *H. H. Franklin* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 4, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 3, 1912*, to *Oct 4, 1912*, that I last saw him alive on *Oct 4, 1912*, and that death occurred on the date stated above at *11:52 a.m.* The CAUSE OF DEATH* was as follows:

Carbolic Acid poisoning
Accidental
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) *H. H. Slaton*, M. D. *Oct 5, 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 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

19 PLACE OF BURIAL OR REMOVAL *Woods Chapel* DATE OF BURIAL *Oct 6, 1912*

20 BURIAL TAKER *E. Roark* ADDRESS *Greenville, Ky.*

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD
 B. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 C. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 D. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 E. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 F. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 G. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 H. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 I. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 J. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 K. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 L. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 M. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 N. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 O. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 P. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
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 S. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
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 V. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
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 X. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 Y. 2--Every item of information should be carefully checked. See also instructions on back of certificate.
 Z. 2--Every item of information should be carefully checked. See also instructions on back of certificate.