

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. 15
In. Town Cleaton Ky.
City (No. St. Ward)

File No. **31828**

Registered No. 24
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Fanny Grady

7135

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Colored SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH Nov 8, 1884
(Month) (Day) (Year)

AGE 28 yrs. 1 mo. 10 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (state or country) Tennessee

PARENTS
10 NAME OF FATHER John Black
11 BIRTHPLACE OF FATHER (state or country) Tennessee
12 MAIDEN NAME OF MOTHER Nellie Carr
13 BIRTHPLACE OF MOTHER (state or country) Tennessee

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Perry Grady
(Address) Cleaton Ky.

14 Filed Dec 7, 1912 20 H. Wilson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1912 to Dec 8, 1912
that I last saw her alive on Dec 8, 1912
and that death occurred, on the date stated above, at 2 Am.

The CAUSE OF DEATH* was as follows:
Miscarriage

Contributory (Duration) 9 mo. 9 ds.
Post-partum hemorrhage
(Signed) W. H. Wilson M. D.
Dec 8, 1912 (Address) Cleaton 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 3 yrs. 9 mo. 10 ds. In the State 15 yrs. 6 mo. 10 ds.
Where was disease contracted, if not at place of death?
Former or usual residence usual residence

19 PLACE OF BURIAL OR REMOVAL Wickliffe Burial DATE OF BURIAL Dec 28, 1912

20 UNDERTAKER John Thomas ADDRESS Cleaton Ky.

NOTE: PLACED IN THIS COLUMN WITH CORRECTING MATERIAL IN A PERMANENT MANNER. Every item of information should be carefully verified. All should be checked. Every statement of OCCUPATION is very important. See instructions on back of certificate.