

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Letcher  
Vol. Pat. Graham 7140  
Inc. Town Graham  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.) \_\_\_\_\_ Ward \_\_\_\_\_

File No. 18179

Registered No. \_\_\_\_\_

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

FULL NAME Lilith Graham

PERSONAL AND STATISTICAL PARTICULARS

1 SEX F. 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH July 21, 1912  
(Month) (Day) (Year)

7 AGE 1 day yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) Missy

9 BIRTHPLACE (State or country) Graham Ky

10 NAME OF FATHER Nathan Graham

11 BIRTHPLACE OF FATHER (State or country) Tenn Tenn Co

12 MAIDEN NAME OF MOTHER Lou Mabrey

13 BIRTHPLACE OF MOTHER (State or country) Tenn Rob Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Greenhaw  
(Address) Graham Ky

15 Filed \_\_\_\_\_ 191 2 Mrs A Gardner  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July - 22, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1912, to July 22, 1912, that I last saw her alive on \_\_\_\_\_, 1912, and that death occurred, on the date stated above, at 1 p.m.  
The CAUSE OF DEATH\* was as follows:

Pulmonic Stenosis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1 ds.

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

(Signed) B. G. Argabrite, M. D.  
July 22, 1912 (Address) DeJoy Ky

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

(15) 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 \_\_\_\_\_ 191 \_\_\_\_\_

20 UNDERTAKER Rice Truck Co ADDRESS DeJoy, Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. D.—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 statement of OCCUPATION is very important. See instructions on back of certificate.