

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

PLACE OF DEATH

County *Cumberland*

Vol. *Cumberland 14*

Inc. Town *#5*

City (No. _____) St. _____ Ward _____

872
7125

File No. *2504*

Registered No. _____

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

FULL NAME *Eugenia Eve Green*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *Married*

DATE OF BIRTH *March 20, 1842*
(Month) (Day) (Year)

AGE *75* yrs. *8* mos. *13* ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) *Tennessee*

PARENTS 10 NAME OF FATHER *Abraham Allen*

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

12 MOTHER'S NAME OF MOTHER *Abigail Dill*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Chas. H. Tuck*
(Address) *Post Ky.*

15 Filed *1/16*, 191*2* *J. R. Simms*
REGISTRAR

MEDICAL HISTORY AND CAUSE OF DEATH

16 DATE OF DEATH *January 9th, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 11, 1911* to *Jan. 9th, 1912*, that I last saw her alive on *Nov. 11, 1911*, and that death occurred, on the date stated above, at *2 P.M.*

The CAUSE OF DEATH* was as follows:
effects of diphtheria on the Heart.

Contributory *Diphtheria* (Duration) *2* yrs. *2* mos. *—* ds.
(Secondary)

(Signed) *J. R. Simms* M. D.
Jan. 3rd, 1912 (Address) *Post Ky.*

*State the DISEASE CAUSING DEATH, or, in case of VIOLENCE, CAUSE, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(10) 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 *Richwood, Ches. Co. Ky.* DATE OF BURIAL *Jan. 9, 1912*

20 UNDERTAKER *J. A. Street* ADDRESS *Richwood Ky.*

No. 11—Every item of information on this certificate is of vital importance. All entries should be made in ink, and should be given in full. Do not leave any space blank. Do not check any box unless it is very important. Do not check any box unless it is very important.