

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

6967

County Muhlenberg Co

File No. ....

Vot. Pot. ....

Registration District No. 109RRegistered No. 99Inc. Town Parma KyPrimary Registration District No. 6540

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

City .....

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

2 FULL NAME Weld D Graves

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE White 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Jan - 14 - 1927  
(Month) (Day) (Year)7 AGE 2 yrs. 7 mos. 7 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Muhlenberg Co Ky10 NAME OF FATHER Horace M. Woods11 BIRTHPLACE OF FATHER (State or country) Todd Co Ky12 MAIDEN NAME OF MOTHER Corinne Hellsley13 BIRTHPLACE OF MOTHER (State or country) Todd Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Weld D Graves(Address) Parma Ky15 Filed Mar 30, 1927 Wm. J. Thomas  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 21, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 011 MAR 20, 1927, to ....., 1927, that I last saw her alive on March 19, 1927, and that death occurred on the date stated above at ..... m.The CAUSE OF DEATH\* was as follows:  
I do not know  
.....  
(Duration) ..... yrs. .... mos. 2 ds.Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.(Signed) J. D. Burdick, M. D.  
Mar 21, 1927 (Address) Parma 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 ..... 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 Parma Ky DATE OF BURIAL March 21, 192720 UNDERTAKER J. L. Thomas ADDRESS Chilton Co.