

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

PLACE OF DEATH
County Madison
Vot. Pct. General
Inc. Town Dummar
City " (No. ") St. " Ward "

File No. 23288

Registered No. "

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

FULL NAME Amie Lee Harris

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)
6 DATE OF BIRTH April 7, 1905
(Month) (Day) (Year)
7 AGE 7 yrs. 5 mos. 19 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) -

9 BIRTHPLACE (State or country) Dummar, Ky

PARENTS
10 NAME OF FATHER Sam Harris
11 BIRTHPLACE OF FATHER (State or country) Madison, Ky
12 MAIDEN NAME OF MOTHER Myrtle
13 BIRTHPLACE OF MOTHER (State or country) Madison, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sam Harris
(Address) Dummar, Ky

15 Filed Sept 27, 1912 M. E. Bewley, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Sept 26, 1912
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Aug 26, 1912, to Sept 26, 1912, that I last saw him alive on Sept 26, 1912, and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
Typhoid fever
(Duration) 1 yrs. 1 mos. 19 ds.
Contributor Harris
(Duration) 1 yrs. 1 mos. 19 ds.

(Signed) J. G. Turner M. D.
Sept 27, 1912 (Address) Dummar, 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 1 yrs. 1 mos. 19 ds. In the State 1 yrs. 1 mos. 19 ds.
Where was disease contracted, If not at place of death?
Former or usual residence Dummar, Ky

19 PLACE OF BURIAL OR REMOVAL Dummar, Ky DATE OF BURIAL Sept 27, 1912
20 UNDERTAKER D. Rector ADDRESS Dummar, Ky

7. B. - 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.