

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Madison Co  
Vol. Pat. J. D. Carroll  
Inc. Town Shoals Ky  
City Shoals (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2537

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

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

FULL NAME Lizzie Harris

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

1 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

10 DATE OF DEATH Jan 13, 1912  
(Month) (Day) (Year)

6 DATE OF BIRTH June 6, 1883  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Madison, 1912, to Sept, 1912,

7 AGE 31 yrs. 6 mos. 6 ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

that I last saw her alive on Sept 9, 1912, and that death occurred, on the date stated above, at 8 P.

8 OCCUPATION (a) Trade, profession, or particular kind of work Home work (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:

9 BIRTHPLACE (State or country) Henderson Co Ky

Tuberculosis  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Perry Harris

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

11 BIRTHPLACE OF FATHER (State or country) Madison Co Ky

(Signed) J. M. Ferguson, M. D.  
Jan 14, 1912 (Address) Central City Ky

12 MAIDEN NAME OF MOTHER Mattie Lewis

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

13 BIRTHPLACE OF MOTHER (State or country) Henderson Co Ky

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

(Informant) John M. Gault  
(Address) Shoals Station Ky

19 PLACE OF BURIAL OR REMOVAL New Hope DATE OF BURIAL Jan 18, 1912

20 UNDERTAKER John Bennett ADDRESS \_\_\_\_\_

15 Filed Jan 14, 1912 Alpha REGISTRAR

3. B. - Every item of information should be carefully supplied. AGE should be stated in 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.

PLT. PHYSICIANS should state