

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. H 6'

Registration District No. 878

Ino. Town Arachoboro

Primary Registration District No. 2437

File No. 2129

Registered No. 2129

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

City (No. St. Ward)

2 FULL NAME Maggie Harrison

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Unknown
 (Month) (Day) (Year)

7 AGE 64 (about) IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Jacob M. Pelland

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Jane

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Capt Harrison
 (Address) Arachoboro, Ky.

15 Aug 7, 1918 J. R. Hummel
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 4, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1918, to Aug 4, 1918, that I last saw her alive on Aug 3, 1918, and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:

Carcinoma of Uterus
 (Duration) 3 yrs. about mo. do.

Contributory (secondary)
 (Signed) U. D. Corley M. D.
Aug 7, 1918 (Address) Greenville, Ky.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death yrs. mo. da. In the State yrs. mo. da.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Gas Photo. S. Y. DATE OF BURIAL Aug 6, 1918
 20 UNDERTAKER Gas E. George ADDRESS Greenville

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 E. B.--Every item of information should state CAUSE OF DEATH plainly, and EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.