

PLACE OF DEATH
 County Middleburg
 Vol. Pat. Journal #111
 Inc. Town Millport
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 7-1-34
 Primary Registration Dist. No. _____

File No. 15784

Registered No. 2

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

FULL NAME Ruby Hulsey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH June 1, 1912
 (Month) (Day) (Year)

DATE OF BIRTH August 15, 1904
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 24, 1912, to June 1, 1912, that I last saw her alive on June 1, 1912, and that death occurred, on the date stated above, at 2:30 p.m.

AGE 6 yrs. 9 mos. 17 ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:

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

Plural Abscess Tuberculosis
Engestion of bowels

BIRTHPLACE (State or country) Robertson Co Tenn

(Duration) yrs. 2 mos. ds.

NAME OF FATHER Anderson Hulsey

Contributory (Secondary) _____ (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER (State or country) Robertson Co, Tenn

(Signed) Wm. G. Massey, M. D.
June 1, 1912 (Address) Bremen Ky

MAIDEN NAME OF MOTHER Terrie Neaids

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

BIRTHPLACE OF MOTHER (State or country) Robertson Co Tenn

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. 3 mos. ds. State yrs. 3 mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death? Acumbres Tenn

(Informant) John Walker Millberry
 (Address) R.R. No. 4

Former or usual residence Acumbres Tenn

FILED June 1, 1912 S. A. [Signature]
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Acumbres DATE OF BURIAL June 3, 1912

UNDERTAKER ADDRESS

WRITE PLAINLY, WITH CAREFUL MEASUREMENTS IN A PERMANENT INK

B. 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.