

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

1 PLACE OF DEATH

County MuhlenbergVol. No. E. 107Registration District No. 871Inc. Town GreenvillePrimary Registration District No. 137City Greenville(No. North Main St., Ward)File No. 5875

Registered No.

(If death occurred in a hospital, state the hospital and the ward or room and number.)

2 FULL NAME Mrs. Annie Maria Langley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH January 1, 1837
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housework
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Henderson Co. Ky.10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (State or country) "12 MAIDEN NAME OF MOTHER "13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John MosleyAddress Greenville, Ky.15 Filed 7/18, 1916 G. B. Nims REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH February 17, 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Sept. 1st, 1915, to Feb. 17th, 1916, that I last saw her alive on Oct. 12th, 1916, and that death occurred on the date stated above at 9:30 P.M. The CAUSE OF DEATH was as follows:Chronic nephritisContributory (SECONDARY) Influenza
(Duration) one yrs. mos. ds.(Signed) L. D. Hatcher M. D.
Feb. 15, 1916 (Address) Greenville, Ky.

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

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

At place of death 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 Pleasant Hill DATE OF BURIAL 7/18, 191620 UNDERTAKER Oren L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

U. S.—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.