

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28672

1 PLACE OF DEATH

County MuhlenbergVet. Pct. Cowdery

Inc. Town.....

City.....

Registration District No. 1098Primary Registration District No. 6829

(No. St., Ward)

File No.....

Registered No.....

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

2 FULL NAME Miriam Maddox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Married Widowed Divorced (Write the word)6 DATE OF BIRTH Dec 9-1924
(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.....
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.10 NAME OF FATHER H. M. Maddox11 BIRTHPLACE OF FATHER (State or country) Ohio Co. Ky.12 MAIDEN NAME OF MOTHER Anna Perry13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. M. Maddox
(Address) Grandville 14 R. 215 FILED 12-9-24 O. B. Wickliff
md Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9, 1924
(Month) (Day) (Year)17 HEREBY CERTIFY, That I attended deceased from Dec 9, 1924, to Dec 9, 1924, that I last saw him alive on....., 192....., and that death occurred on the date stated above at 4 p.m.
18 CAUSE OF DEATH* was as follows:Stillborn

(Duration) yrs. mos. ds.

Contributory (Secondary).....
(Duration) yrs. mos. ds.(Signed) C. D. Clauger, M. D.
Dec 9, 1924 (Address) Calenton Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place yrs. mos. ds. In the State..... yrs. mos. ds.
Where was disease contracted,if not at place of death?.....
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Caves R. 9 DATE OF BURIAL Dec 10, 192420 UNDERTAKER M. B. McTomb ADDRESS Grandville

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, but it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.

STILL BORN

74