

File No. **5980**

Registered No. ....

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

## 1 PLACE OF DEATH

County MuhlenbergVot. Pct. E. Boggs

Inc. Town .....

City .....

Registration District No. 1099Primary Registration District No. 1099

(No. .... St. .... Ward)

2 FULL NAME Eliza Ann McRoy

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)6 DATE OF BIRTH Aug 12 - 1853, 1..... (Month) (Day) (Year)7 AGE 70 yrs. 0 mos. 0 ds. IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION (a) Trade, profession or particular kind of work Housekeeper (b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER Dan Vincent11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky12 MAIDEN NAME OF MOTHER Jones

13 BIRTHPLACE OF MOTHER (State or country) .....

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Palas Vincent(Address) White Plains R. Rd # 115 Filed 2/13/23 1923 O. B. Wickliffe Registrar

11-3184

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 12, 1923 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1923, to Feb. 11, 1923, that I last saw her alive on Feb. 10, 1923, and that death occurred on the date stated above at 3 P. m.

The CAUSE OF DEATH\* was as follows:

Influenza..... (Duration) ..... yrs. .... mos. 5 ds.

Contributory (Secondary) .....

..... (Duration) ..... yrs. .... mos. .... ds.

(Signed) L. D. Whitaker, M. D. Feb. 13, 1923. (Address) Greenville, 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 of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds. Where was disease contracted,

if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Vincent B. S. DATE OF BURIAL Feb. 13, 192320 UNDERTAKER McDonald & Witt ADDRESS Greenville, Ky.

MARGIN RESERVED FOR INDEXING

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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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