

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

1 PLACE OF DEATH  
County Muhlenburg  
Vol. Emis  
Inc. Town  
City

Registration District No. 7127  
Primary Registration District No. 7

File No. 21271  
Registered No. 13

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

2 FULL NAME Amanda Mefford

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Dec 14<sup>th</sup> 1848  
(Month) (Day) (Year)

7 AGE 69 yrs. 8 mos. 9 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Logan Co Ky

10 NAME OF FATHER John Hardison

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Annie Mefford

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. M. Mefford  
(Address) Knightsburg Ky

15 Filed Aug. 24, 1918 G. L. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Aug 25<sup>th</sup> 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from AUG 5, 1918, to AUG 23, 1918, that I last saw h. R.F. alive on AUG 22, 1918, and that death occurred on the date stated above at 11 pm. The CAUSE OF DEATH\* was as follows:

... CARCINOMA ... OF ... THE ... LIVER ...  
(Duration) 6 yrs. 8 mos. 0 ds.

Contributory (SECONDARY) (Duration) 0 yrs. 0 mos. 0 ds.

(Signed) H. D. Newman, M. D.  
Address DRAKESBORO 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 of death 0 yrs. 0 mos. 0 ds. in the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Simmons Chapel DATE OF BURIAL 8-25<sup>th</sup> 1918

20 UNDERTAKER Mercer Co ADDRESS Rocheater

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