

25662

1 PLACE OF DEATH
County Muhlenberg

Vol. Pat. Summers Registration District No. 440 File No. _____

Inc. Town _____ Primary Registration Dist. No. _____ Registered No. 31

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Fanny Jane Mercers

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>W. loved</u>
6 DATE OF BIRTH <u>July 25, 1870</u> (Month) (Day) (Year)		
7 AGE <u>77 yrs. 2 mos. 14 ds.</u>		If LESS than 1 day ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>housework</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>ky.</u>		

PARENTS	10 NAME OF FATHER <u>Daniel Stewart</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>ky.</u>
	12 MAIDEN NAME OF MOTHER <u>Fanny Annie</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>ky.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Gill

(Address) Robaux ky.

15 Filed 10/15, 20, 1920 J. Kennedy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Oct 14, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9/20, 1920, to 11/14, 1920 that I last saw her alive on 11/12, 1920 and that death occurred, on the date stated above, at 46.

The CAUSE OF DEATH* was as follows:

Paranoma of Small

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

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

(Signed) F. J. Edge, M. D.
11/4/20 (Address) Robaux 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 _____ 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
Robaux ky.

DATE OF BURIAL
10/15, 1920

20 UNDERTAKER
R. J. Beard

ADDRESS
Robaux ky.