FORM V. S. 1-100

Commonwealth of Kentucky
STATE BOARD OF HEALTH.
BUREAU OF VITAL STATISTICS

Transit Permit #5

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Central City

Inc. Town #3

City .... (No. .... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 870

Primary Registration Dist. No. 7123

File No. 27933

Registered No. 66

2 FULL NAME Lizzie Milam

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 Jan. (Month) 17 (Day), 1892 (Year)

7 AGE 23 yrs. 10 mos. 12 ds. If LESS than 1 day ....hrs, or ....min.?

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

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER David Denison

11 BIRTHPLACE OF FATHER (State or country) Eng.

12 MAIDEN NAME OF MOTHER Mary Whe[illegible]

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. B. Milam

(Address) [illegible], Ky.

15 Filed Nov. 30, 1915 A. L. Blandford, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 (Month) 29 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 11-28, 1915, to ...., 191..

that I last saw her alive on 11-28, 1915,

and that death occurred, on the date stated above, at 12.45 A.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) 6 hours mos. ds.

Contributory (Secondary) Organic heart trouble

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

(Signed) Lloyd A. [illegible], M. D.

11-29, 1915 (Address) Central City, 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 Island

DATE OF BURIAL 11-30, 1915

20 UNDERTAKER Martin Moore

ADDRESS Central City

11-6184