

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13580

PLACE OF DEATH

County MuhlenbergRegistration District No. 7124

File No.

Vol. No. Annals #14

Ine. Town

Primary Registration Dist. No. 7124Registered No. 4City, (No., St., Ward) [If death occurred in a hospital or institution, give its NAME (street and number.)]FULL NAME Elizafance Miller

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>Widowed</u>
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6 DATE OF BIRTH
9 14 1892
(Month) (Day) (Year)7 AGE
69 yrs. 8 mos. 8 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)
Ky

PARENTS	10 NAME OF FATHER <u>James Bennett</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Lusan Jarvis</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. Stewart
(Address) Greenville Rte 115 Filed 5/15/1912 W. S. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
5 14 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 1/15/1912, to 4/7/1912, that I last saw her alive on 4/7/1912, and that death occurred, on the date stated above, at 4:45 a.m.
The CAUSE OF DEATH* was as follows:
Interruption due to gall stone*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL
(Duration) 5 yrs. 8 mos. 8 ds.Contributory (SECONDARY)
(Duration) 7 yrs. 8 mos. 8 ds.
(Signed) J. J. Edge, M. D.
5/14/1912 (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 of death 7 yrs. 8 mos. 8 ds. In the State 7 yrs. 8 mos. 8 ds.
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL East Union Cemetery DATE OF BURIAL 5/15/1912
20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

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.