

1 PLACE OF DEATH

County Woolwich

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

12168

Vol. No. 16 Registration District No. 2136

File No.

Ino. Town Primary Registration District No.

Registered No.

City (No.) St. Ward)

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

2 FULL NAME Missed Miller

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11-1-1909
(Month) (Day) (Year)

7 AGE 7 yrs. 5 mos. 23 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) ky

10 NAME OF FATHER E. A. Miller

11 BIRTHPLACE OF FATHER (State or country) ky

12 MAIDEN NAME OF MOTHER Marion E. Hill

13 BIRTHPLACE OF MOTHER (State or country) ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) E. A. Miller
(Address)

15 Filed 4-24-1917 Missed Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-24-1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-15-1917, to 4-24-1917, that I last saw her alive on 4-24-1917, and that death occurred on the date stated above at 4:00 p.m. The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

..... (Duration) 2 yrs. 2 mos. 4 ds.
Contributory Missed
(SECONDARY)

..... (Duration) 2 yrs. 2 mos. 10 ds.
(Signed) Chas. Crowder, M. D.
4-24-1917 (Address)

*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 Dukes County DATE OF BURIAL 4-25-1917

20 UNDERTAKER M. D. + Reditt ADDRESS

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANT RECORD
E. S.--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.