

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18639

1 PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. # 33  
Inc. Town Deermon  
City..... (No..... St., ..... Ward)Registration District No. 6825  
Primary Registration District No. 1090

File No.....

Registered No.....

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

2 FULL NAME Lucy Ann Elizabeth Mizer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Feb 15, 1888  
(Month) (Day) (Year)7 AGE 88 yrs. 4 mos. 22 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky.10 NAME OF FATHER Isaac Mizer11 BIRTHPLACE OF FATHER (State or country) Virginia12 MAIDEN NAME OF MOTHER Margaret Moore13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Cox(Address) Deermon, Ky.15 Filed July 7, 1926 Hollie Bewley  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 7, 1926  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1926, to June 15, 1926, that I last saw her alive on June 15, 1926, and that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Paralysis  
(Duration) ..... yrs. .... mos. .... ds.Contributory (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.(Signed) E. M. Bewley, M. D.  
July 7, 1926 (Address) Pennrod, 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 ..... 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 DATE OF BURIAL

Tolbert Cem July 8, 192620 UNDERTAKER ADDRESS  
L. H. Stuart Beech Creek

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.