

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County *Madison*

Registration District No. *7135*

File No. **19291**

Vol. No. *Register 15*

Registered No. *187*

Inc. Town *Cleaton*

Primary Registration District No.

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

City (No. Ward)

2 FULL NAME *Elizabeth Pauline Morris*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 MARRIAGE STATUS *Single*

16 DATE OF DEATH *July 14 1914*

6 DATE OF BIRTH *June 10 1913*

17 I HEREBY CERTIFY that I attended deceased from *July 12 1914* to *July 14 1914*, that I last saw her alive on *July 13 1914*, and that death occurred on the date stated above at *Cleaton*. The CAUSE OF DEATH was as follows:

7 AGE *1 yrs. 2 mos. 4 ds.* 8 IF LESS THAN 1 day ... hrs. or ... min.?

Thrombogenic

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

Contributory (Duration) ... yrs. ... mos. ... ds. *Plum*

10 BIRTHPLACE (State or country) *Kentucky*

(Signed) *L. S. Barnett*, M. D.

10 NAME OF FATHER *Wm Morris*

July 14 1914 (Address) *Cleaton Ky*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Belle Bennett*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Wm. Morris* (Address)

19 PLACE OF BURIAL OR REMOVAL *Rose Cemetery* DATE OF BURIAL *July 14 1914*

15 FIND *July 17 1914 W. H. McIlwain* REGISTRAR

20 UNDERTAKER *Cleaton Wm & Co* ADDRESS *Cleaton Ky*

WRITE PLAINLY, WITH NECESSARY EXPLANATION OF A PART WHERE NECESSARY.

It is hereby notified that information furnished on this certificate is for the purpose of providing a true and correct record of the death and for the purpose of determining the cause of death. It is the duty of the informant to furnish the correct information and to sign the certificate. See instructions on back of certificate.