

PLACE OF DEATH

CERTIFICATE OF DEATH

County *of Middlebury*
Vol. No. *15*
Inc. Town *Chester*
City (No. *44*) Ward

File No. *9110*
Registered No. *53*
(If death occurred in a hospital or institution give the full address of street and number.)

FULL NAME *Not married Ethel Jean*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX *Female* 2 COLOR OR RACE *White* 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
4 DATE OF BIRTH *March 14, 1917*
7 AGE *1* 8 OCCUPATION *None*
9 BIRTHPLACE *Ky*
10 NAME OF FATHER *Elvis Morris*
11 BIRTHPLACE OF FATHER *Ky*
12 MOTHER NAME OF MOTHER *Mary Holliman*
13 BIRTHPLACE OF MOTHER *Ky*

16 DATE OF DEATH *March 15, 1917*
17 I HEREBY CERTIFY, That I attended deceased from *March 14, 1917*, to *March 14, 1917*, that I last saw him alive on *March 14, 1917*, and that death occurred on the date stated above at *12:05 p.m.* The CAUSE OF DEATH* was as follows:
Premature birth
Contributory (SECONDARY) *None*
Signed *LeRoy Willis* M. D. *March 14, 1917* (Address) *Chester, Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Alma Morrison* (Address) *Chester, Ky*
15 Filed *101* REGISTRAR

*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, TRAN-SIENTS OR RECENT RESIDENTS)
At place of death *1* yrs. *0* moe. *0* ds. State *1* yrs. *0* moe. *0* ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL *Home of* DATE OF BURIAL *March 15, 1917*
20 UNDERTAKER *J. H. Thomas* ADDRESS *Chester*

THIS IS A PRELIMINARY REPORT. IT IS SUBJECT TO CORRECTION. IT IS NOT TO BE USED FOR LEGAL PURPOSES. IT IS NOT TO BE USED FOR STATISTICAL PURPOSES. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE.