

CERTIFICATE OF DEATH

County Middlebury File No. 30848
 Vol. Pat. Graham Registration Dist. No. 7140 Registered No. 27
 Ino. Town Primary Registration District No.
 City (No. St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
 2 FULL NAME Mamie H. Cleaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED, WIDOWED OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH June 17, 1884
 (Month) (Day) (Year)
 7 AGE 35 yrs. 4 mos. 16 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 S. Wadsworth
 11 BIRTHPLACE OF FATHER (State or country) Ky
 12 MAIDEN NAME OF MOTHER Lucy Poe
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. Dawney
 (Address) Graham Ky

15 FILED Dec 10 1919 J. Keener REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13 1919
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 12th, 1919, to Oct 13th, 1919, that I last saw her alive on Oct 13th, 1919, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH* was as follows:

Carcinoma of left breast
 (Duration) 2 yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) T. J. Edge, M. D.
11/14/1919 (Address) Graham 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 yrs. mos. ds. In the State yrs. mos. ds.
 Where was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL Madesville Ky DATE OF BURIAL 11/15, 1919
 20 UNDERTAKER R. Beard ADDRESS Graham Ky

N. B.—Every item of information should be carefully supplied. ABS should be entered in AC or I. If cause of death is not clearly stated, it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.