

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVot. Pct. West BoyerInc. Town DepoyCity DepoyRegistration District No. 871Primary Registration District No. 7159File No. 27846Registered No. 27846

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

2 FULL NAME Fannie Oliver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH June 16, 1924
(Month) (Day) (Year)7 AGE 24 yrs. 6 mos. 6 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) None9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Loringston11 BIRTHPLACE OF FATHER (State or country) W. Va.12 MAIDEN NAME OF MOTHER Williams13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. F. Myers(Address) Depoy15 Filed 1/11/24, 1924 O. Wickham Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 16, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 12/4, 1924, to 12/4, 1924,that I last saw her alive on 12/4, 1924, and that death occurred on the date stated above at 8 A.M.

The CAUSE OF DEATH* was as follows:

Infarction
(Duration) ____ yrs. ____ mos. 4 ds.

Contributory (Secondary) ____

(Signed) B. J. Argabrite, M. D.
1/11, 1924 (Address) Depoy

*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 In the of death ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.

Where was disease contracted,

If not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Local Home DATE OF BURIAL 12/16, 192420 UNDERTAKER S. M. Waco ADDRESS Depoy

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH 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. Exa: statement of OCCUPATION is very important. See instructions on back of certificate.