

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Bremen
Inc. Town _____
City Midland (No. _____, (Year) _____, (St.) _____, Ward _____)

File No. 26800
Registered No. 18

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

FULL NAME Anna Aggie Parks

PERSONAL AND STATISTICAL PARTICULARS

7 SEX <u>Female</u>	8 COLOR OR RACE <u>Negro</u>	9 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(Write the word)</small>
10 DATE OF BIRTH <u>Unknown</u> <small>(Month) (Day) (Year)</small>		
11 AGE <u>Very old</u> <u>Unknown</u> <small> yrs. mos. ds.</small>		12 IF LESS than 1 day... hrs., or... min.?
13 OCCUPATION (a) Trade, profession, or particular kind of work... <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
14 BIRTHPLACE (State or country) <u>Greenwell, Ky.</u>		
PARENTS	15 NAME OF FATHER <u>Unknown</u>	16 BIRTHPLACE OF FATHER (State or country) <u>Unknown</u>
	17 MAIDEN NAME OF MOTHER <u>Mary Vick</u>	18 BIRTHPLACE OF MOTHER (State or country) <u>Unknown</u>

MEDICAL CERTIFICATE OF DEATH

19 DATE OF DEATH
Oct 21, 1914
(Month) (Day) (Year)

20 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1914, to Oct 21, 1914, that I last saw her alive on Oct 21, 1914, and that death occurred, on the date stated above, at 1:30 P.M.

The CAUSE OF DEATH* was as follows:
Senility

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.

(Signed) Robert H. Morris, M.D.
Oct 22, 1914 (Address) Midland, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) 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?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Parks
Midland, Ky.
(Address)

15 Filed Oct 22, 1914 M. L. G. ...
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Cedar Grove DATE OF BURIAL Oct 23, 1914
20 UNDERTAKER J. B. ... ADDRESS Bremen

WRITE PLAINLY. WITH CAREFUL HANDWRITING IS A PREREQUISITE TO SUCCESS.

2. 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.