

CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Muhlenberg  
 Vol. Pat. Court House 10  
 Inc. Town \_\_\_\_\_  
 City Parisville (No. 871-7130 St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 18170

Registered No. 64

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

FULL NAME Phoebe Wiana Simons

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH April 17, 1882  
(Month) (Day) (Year)

AGE 80 yrs. 2 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (state or country) West Virginia

PARENTS

10 NAME OF FATHER Joseph Paxton

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Sarah Terry

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. S. E. Metzger  
 (Address) Parisville, Ky.

15 JUL 3 1912 2 H. Fraulien REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 3, 1912, to July 3, 1912 that I last saw her alive on July 2, 1912 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH\* was as follows:

Syphilis

Contributory Verruca Venerea  
SECONDARY (Duration) 7 yrs. 1 mos. 7 ds.

(Signed) E. B. Post, M. D.  
July 3, 1912 (Address) Parisville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Friendship DATE OF BURIAL July 3, 1912  
 20 UNDERTAKER O. L. Roark ADDRESS Parisville

MARGIN RESERVED FOR BINDING

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.