

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *of Muhlenberg*Vet. Pot. *15*Registration District No. *2135*Ino. Town *Cleaton Ky*

Primary Registration District No.

City

(No.

St., (No.

Ward)

2 FULL NAME *Woodie May James Smith*File No. *2566*Registered No. *88*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*6 DATE OF BIRTH *Jan 20 1881*
(Month) (Day) (Year)7 AGE *32 yrs. 11 mos. 26 ds.* IF LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *House Keeper*
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Ky.*10 NAME OF FATHER *David James*11 BIRTHPLACE OF FATHER (State or country) *Ky.*12 MAIDEN NAME OF MOTHER *Nancy Beasley*13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Walter Smith*(Address) *Cleaton, Ky.*15 Filed *Jan 17, 1913* *W. H. Wilson* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 16 1913*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Dec 6, 1912*, to *Jan 13, 1913*, that I last saw her alive on *Jan 13, 1913*, and that death occurred on the date stated above at *10:25 a.m.* THE CAUSE OF DEATH* was as follows:
Stroke - 3d. Convulsion..... (Duration).... yrs. *6* mos. *10* ds.

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

(Signed) *L. Roy Miller*, M. D.
Jan 16, 1913 (Address) *Cleaton, 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?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cleaton, Ky. *Jan 17, 1913*20 UNDERTAKER ADDRESS
J. D. Thomas *Cleaton, Ky.*