

PLACE OF DEATH
County Muhlenberg
Vol. No. Paradise Registration District No. 7126
Ino. Town..... Primary Registration District No.
City..... (No. St., Ward)
FULL NAME Elizabeth B Weir

File No.
Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
6 DATE OF BIRTH <u>Sept 25, 1836</u> (Month) (Day) (Year)		
7 AGE <u>85 yrs. 7 mos. 25 ds.</u>		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>At home</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Illinois</u>		
PARENTS	10 NAME OF FATHER <u>Oliver C. Vanlandingham</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Virginia</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary Ann Drake</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Miss.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 18, 1921
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1921, to Apr 18, 1921, that I last saw him alive on, 191....., and that death occurred on the date stated above at 5:30 PM. The CAUSE OF DEATH was as follows:

Chronic Gastritis

(Duration) 2 yrs. mos. ds.
Contributory Myocardial Regurgitation
(SECONDARY) (Duration) 2 yrs. mos. ds.
(Signed) H. D. Newman, M. D.

Apr. 19, 1921 (Address) Drakesboro Ky

18 State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
19 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?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. A. Weir
(Address) Paradise Ky

15 Filed May 9, 1921 W. S. Cundy
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Heir Graveyard (Paradise Ky) DATE OF BURIAL Apr. 20, 1921
20 UNDERTAKER Martin Moore ADDRESS Central City Ky

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.