Form V. S. 1-A

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

File No. 26182

Registered No.

Registration District No. 1093

Primary Registration District No. 6837

1. PLACE OF DEATH
County Muhlenberg
Vst. Pct. # 30
Ins. Town R.F.D. 3
City Greenville Ky.
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Angeline Miller

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B. 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.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH March 23 1873

7. AGE: Years 61 | Months 6 | Days 7 | If LESS than 1 day.....hrs. or.....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE Ky

FATHER
13. NAME Dent Knox
14. BIRTHPLACE

MOTHER
15. MAIDEN NAME Harriett Bivins
16. BIRTHPLACE Ky

17. INFORMANT W.S. Bivins
(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL Greenhaven Date 10/1, 34

19. UNDERTAKER Greenville Funeral Home
(Address) Greenville Ky

20. FILED 10-1, 1934 R.P. Carlisle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cancer of Uterus	
of 8	
Contributory causes of importance not related to principal cause:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E L Hall, M. D.
(Address) Greenville Ky