

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File no. _____
Registered No. 16

Form V. S. 2-A

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 1087

Ino. Town _____

Primary Registration District No. 2435

City Central City

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Maria Mickliffe IF VETERAN, WHAT WAR? _____

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Peter Mickliffe</u>		
6. DATE OF BIRTH <u>Don't Know</u>		
7. AGE <u>Don't Know</u>	Years	Months
	Days	If LESS than 2 day.....hrs. or.....min.

21. DATE OF DEATH March 3, 1938

22. I HEREBY CERTIFY, and attended deceased from March 1st, 1938 to March 3rd, 1938

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance in order of onset were as follows:

8. Trade, profession, or particular kind of work done, as spinner, surveyor, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE Don't Know

FATHER

13. NAME Don't Know

14. BIRTHPLACE Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE Don't Know

17. INFORMANT Edward Bennett
(Address) South Carrollton, Ky.

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 _____

18. BURIAL, CREMATION, OR REMOVAL
Place South Carrollton, Ky. March 6, 1938

19. UNDERTAKER Eugene S. Elliott
(Address) Greenville, Ky.

20. FILED 3/5, 1938. A. L. Bland
Registrar.

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

(Signed) E. G. Crawford, Jr.
(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

4. 2. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.