

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

30705

File No. \_\_\_\_\_

Registered No. 52

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

1 PLACE OF DEATH  
County Miss.  
Vot. Pct. Way Grand  
Inc. Town Medley  
City Mo. (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

Registration District No. 567  
Primary Registration District No. 520

2 FULL NAME Annie Miliner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE black 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH May 1 1872  
(Month) (Day) (Year)

7 AGE 50 yrs. 5 mos. 4 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Mississippi Co. Mo.

PARENTS

10 NAME OF FATHER dont know  
11 BIRTHPLACE OF FATHER (State or country) " "  
12 MAIDEN NAME OF MOTHER Fannie Podinger  
13 BIRTHPLACE OF MOTHER (State or country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Will Bowden  
Medley Mo.  
(Address)

15 Filed 10/31 1923 Duff M Hodge Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 Oct 3 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1923, to Oct 3, 1923, that I last saw her alive on Aug 24, 1923, and that death occurred on the date stated above at 12:30 P.M.

The CAUSE OF DEATH\* was as follows:

Gauguin leg

(Duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. C. Currier, M. D. Oct 4, 1923. (Address) Hickman 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 \_\_\_\_\_ In the \_\_\_\_\_ of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted,

if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Medley, Mo. R7D DATE OF BURIAL Oct. 4 1923

20 UNDERTAKER St. Louis's Furnishing Co. Hickman Ky. ADDRESS

# CERTIFICATE OF DEATH.

Approved by U. S. Census and American Public Health Association

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in any cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material

les (disease causing death), 29da; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—*

report specifically the occupations of persons engaged in domestic service for wages as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation) using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritoneum, etc.*, *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping Cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc.