Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FORM U. S. 1-1000 [illegible]

1 PLACE OF DEATH

County Bath

Vot. Pct. 5106 Regstrn Dist 52

Inc. Town

City (No. St. Ward)

File No. 14241

Registered No. 19

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

2 FULL NAME Vivie Maxey

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH June 13, 1912 (Month) (Day) (Year)

7 AGE yrs. mos. 3 hrs. ds. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country) Bath Co.

PARENTS

10 NAME OF FATHER Ollie Maxey

11 BIRTHPLACE OF FATHER (State or country) Rowan Co

12 MAIDEN NAME OF MOTHER Effie Domel

13 BIRTHPLACE OF MOTHER (State or country) Bath

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elijah Domel

(Address) Salt Lick Ky

15 Filed July 5, 1912 J. W. Pierce REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 13, 1912 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from & did not attend thy hand no physician on 191 and that I last saw it alive on 191 and that death occured, on the date stated above, at

The CAUSE OF DEATH* was as follows: 3 hours after birth & dont know cause of death

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) L. F. Robbins M.D.

July 5, 1912 (Address) L. F. Robbins Local health officer

*State the Disease Causing Death, or the 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 Jones Cemetry

DATE OF BURIAL June 13, 1912

20 UNDERTAKER A. L. Green

ADDRESS Farmers Ky

11—10M