FORM V S 1-50M 3-25-15

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

1 PLACE OF DEATH

County Rowan
Vot. Pct. No 2 — Registration District No. 7492
Inc. Town Farmers — Primary Registration District No. 2506
City .... (No. .... St., ... Ward)

File No. 13527
Registered No. 19
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henriettia Maze Stevens

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Girl — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married	16 DATE OF DEATH: May (Month) 9th (Day), 1917 (Year)
6 DATE OF BIRTH: August (Month) 29 (Day), 1898 (Year)	17 I HEREBY CERTIFY, That I attended deceased from April 28, 1917, to May 9, 1917, that I last saw her alive on May 9, 1917, and that death occurred on the date stated above at 3:00 p.m. The CAUSE OF DEATH* was as follows: Puerperal Septicemia (Duration) .... yrs. .... mos. 10 ds.
7 AGE: 18 yrs. 8 mos. 10 ds. — IF LESS than 1 day ... hrs. or ... min.?	Contributory (SECONDARY) ?? (Duration) .... yrs. .... mos. .... ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work: House wife (b) General nature of industry business or establishment in which employed (or employer)	(Signed) Dr Thos A. Evans, M. D. May 10, 1917. (Address) Farmers Ky
9 BIRTHPLACE (State or country): Farmers Ky	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
PARENTS — 10 NAME OF FATHER: Wm Maze	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
11 BIRTHPLACE OF FATHER (State or country): Bath Co.	Where was disease contracted, if not at place of death? ....
12 MAIDEN NAME OF MOTHER: Henriettia Myers	Former or usual residence ....
13 BIRTHPLACE OF MOTHER (State or country): Bath Co.	19 PLACE OF BURIAL OR REMOVAL: Jones Graveyard — DATE OF BURIAL: May 10, 1917
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Maze (Address) Farmers	20 UNDERTAKER: Short Piper & Short — ADDRESS: Owingsville, Ky
15 Filed ...., 191.... Registrar	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

11-3184