

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

FORM V 6 1908 2-27-12

1 PLACE OF DEATH  
County Carter  
Vol. Pct. 21  
Inc. Town Oliver Hill  
City (No. St., Ward)

Registration District No. 211  
Primary Registration District No. 9091

File No. 25298

Registered No. ....

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

2 FULL NAME Effie Adams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED, WIDOWED OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH March 5, 1883  
(Month) (Day) (Year)

7 AGE 35 yrs. 7 mos. 76 ds. IF LESS than 1 day ... hrs. or ... min. 2

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER J. W. Craig

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Lizzie Houch

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank Adams

(Address) Oliver Hill 14

15 Filed Nov. 10, 1918 O. W. Esmon  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 10, 1918, to Oct 31st, 1918, that I last saw her alive on Oct 31st, 1918, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH\* was as follows:

Pulmonary tuberculosis

(Duration) 7 yrs. .... mos. .... ds.

Contributory (SECONDARY) (Duration) .... yrs. .... mos. .... ds.

(Signed) W. H. Armstrong M. D.  
Nov 1st, 1918 (Address) Oliver Hill

\*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 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 James H. ... DATE OF BURIAL Nov 3rd, 1918

20 UNDERTAKER O. W. Henderson ADDRESS Oliver Hill

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. Instructions on back of certificate.