

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N.B.--Every item of information should be clearly supplied. AGE should be given EXACTLY. PHYSICIAN'S
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC-
UPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County <i>Bath</i> Vot. Pol. <i>Salt Lick</i>		Commonwealth of Kentucky STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATION OF DEATH Registration Dist. No. <i>52</i> Primary Registration District No. <i>9106</i>		7093
Inc. Town City		No. <i>Effie Myers</i>	St. Ward	File No. <i>4</i> Registered No. <i>4</i>
(If death occurred in a hospital or institution, give its NAME instead of street and number.)				
2 FULL NAME <i>Effie Myers</i>				
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 MARRIED, WIDOWED, OR DIVORCED <i>Married</i>		
6 DATE OF BIRTH <i>Supernova, 1</i> (Month) (Day) (Year)				
7 AGE <i>42</i>	8 IF LESS than 1 day... hrs. or... min?			
9 OCCUPATION (a) Trade, profession, or particular kind of work <i>Housewife</i> (b) General nature of industry business or establishment in which employed (or employer)				
10 BIRTHPLACE (State or country) <i>Ky</i>				
PARENTS 11 NAME OF FATHER <i>David Garrison Day</i> 12 BIRTHPLACE OF FATHER <i>Ky</i> 13 MAIDEN NAME OF MOTHER <i>Mrs. Ottoberry</i> 14 BIRTHPLACE OF MOTHER <i>Ky</i>				
15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Marian Day</i> (Address) <i>Salt Lick Ky</i>				
16 Filed 4-17-1921 (Mr. S. C. Alexander REGISTRAR)				
17 PLACE OF BURIAL OR REMOVAL <i>Jones graveyard</i> 18 DATE OF BURIAL <i>Apr 17, 1921</i> 19 UNDERTAKER <i>Mr. J. W. Vaughan Salt Lick</i>				
20 ADDRESS				

MEDICAL CERTIFICATE OF DEATH

21 DATE OF DEATH *April 16, 1921*
(Month) (Day) (Year)

22 I HEREBY CERTIFY, That I attended deceased from *Feb. 1, 1921*, to *April 16, 1921*, that I last saw her alive on *April 14, 1921*, and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:

Chrome Endocarditis

23 DURATION *1 yr. 12 mos. 0 ds.*

24 CONTRIBUTORY
(Accompaniment)

25 DURATION *0 yrs. 0 mos. 0 ds.*
(Signed) *Dr. Donald McSwain, M. D.*
(Date) *April 17, 1921* (Address) *Farmers*

*Note the DISEASE CAUSING DEATH, if different from VISIBLE CAUSES AND
(1) MEANS OF INJURY AND (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

26 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

27 At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?

28 Former or usual residence

29 PLACE OF BURIAL OR REMOVAL *Jones graveyard*
DATE OF BURIAL *Apr 17, 1921*

30 UNDERTAKER *Mr. J. W. Vaughan Salt Lick*