

I. PLACE OF DEATH

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

County Bath

Registration District No. 572

Registered No. \_\_\_\_\_

Vol. No. 2027

Primary Registration District No. 4083

Ins. Town Salt Lick

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Millie Myrtle Frazier

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city of town and STATE)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (circle the word) widowed

21. DATE OF DEATH May 9/37 1937

6. If married, widowed, or divorced HUSBAND or (WIFE) Louis Franklin Frazier

22. I HEREBY CERTIFY, That I attended deceased from May 3/37 1937 to May 7/37 1937

7. DATE OF BIRTH May 14/1878

I last saw her alive on May 7/37 1937. Death is said to have occurred on the date stated above, at 6 P. m. The principal cause of death and related causes of importance in order of onset were as follows:

7. AGE Year 60 Month 03 Day 25 If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

Cerebral Hemorrhage causing Paralysis 5 yrs

8. Trade, profession, or particular kind of work done, or occupation, occupation, housekeeper, etc. housekeeper in own home

Contributory causes of importance not related to principal cause:

9. Industry or business in which work was done, or with which connected, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spent in this occupation 522 42 yrs

12. BIRTHPLACE Farmers, Ky.

13. NAME George H. Teal

14. BIRTHPLACE Ky.

15. MAIDEN NAME Mary Ingram

16. BIRTHPLACE Ky.

17. INFORMANT M. Frazier  
(Address) Salt Lick, Ky.

18. BURIAL, CREMATION, OR REMOVAL Place JONES CEMETERY, MAY 10, 1937

19. UNDERTAKER PARVES AND HORSERMAN  
(Address) SALT-lick KY

20. FILED 5-10-37 M. S. Alexander  
Registrar (Address) Salt Lick, Ky.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) D. C. T. Jones M. D.

MARGIN RESERVED FOR BINDING

8. WRITE PLAINLY, WITH SPACING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. It should be stated EXACTLY. PHYSICIANS and other CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction. Name on back of certificate.