

Community of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9406

PLACE OF DEATH
County Bourbon
Vol. No. 102 Registration District No. 7492
Ins. Town Paris Primary Registration District No. 2506
City Paris St. Paris Ward 3
IF FULL NAME Maud Norman

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIAGE Married
DATE OF BIRTH April 26, 1878
AGE 40 yrs. 10 mos. 10 ds. IF LESS THAN 1 day... hrs. or... min.
OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) None
PLACE OF BIRTH (State or country) Bourbon Co., Ky.
NAME OF FATHER Shelton Parrish
BIRTH-PLACE OF FATHER (Name of county) Bourbon Co., Ky.
MARRIAGE NAME OF MOTHER Lillian McDonald
BIRTH-PLACE OF MOTHER (Name of county) Bourbon Co., Ky.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 12, 1919
I HEREBY CERTIFY, THAT I attended deceased from May 1st 1906 to March 12, 1919, that I attended her alive on March 12, 1919, and that death occurred on the date stated above at Paris. The CAUSE OF DEATH was as follows:
Tuberculosis of the lungs.
Contributory (Specify) None
(Signed) Allen W. M. Beach M.D. (Address) Paris, Ky.
State the Special Cause of Death or in Case from You are Capable (i) Name of Hospital (ii) whether AMBULATORY, OUTPATIENT or INPATIENT.
PLACE OF RESIDENCE (For Hospitals, Institutions, Trains, Ships or Resort Residences)
a) place of death in the State of Ky.
Where was disease contracted, if not at place of death?
Former or usual residence

IS THE ABOVE IN TRUTH TO THE BEST OF MY KNOWLEDGE?
(Address) Paris, Ky.

FILED March 13, 1919 at Paris, Ky.
REGISTERED Maud Norman

PLACE OF BURIAL OR REMOVAL Paris Cemetery DATE OF BURIAL 3-13-19
UNDERTAKER McBride & Son ADDRESS Paris, Ky.

EXAMINE CAREFULLY FOR ERRORS. DEATHS PLACED WITH SUSPENDING MARK—THIS IS A FATAL ERROR. No. 2—Every item of information should be carefully examined. AGE should be stated exactly. PARTICULARS should state CAUSE OF DEATH in plain terms. It may be partially infectious. Should be stated if infectious. COMPLETE is very important. See instructions on back of form.