

STANDARD CERTIFICATE OF DEATH

Register No. 65

1 PLACE OF DEATH (Dist. No. _____)
(To be filled by Registrar)

County Bonne

District Washington

Town or City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Mrs. Mattie Williams

If death occurred in a hospital or institution, give the name thereof and its registration number.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

6 DATE OF BIRTH Jan 20 1892
(Month) (Day) (Year)

7 AGE 27 1 24 days
IF LESS than 1 year, give month

8 OCCUPATION
(a) Trade, profession, or particular kind of work Housewife
(b) Current status of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Appleton O

PARENTS

10 NAME OF FATHER J. McCray

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MARRIAGE NAME OF MOTHER Lizzie Haulch

13 BIRTHPLACE OF MOTHER (State or country) Ky

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH 3 16 1919
(Month) (Day) (Year)

15 I HEREBY CERTIFY, that I attended deceased from 3 14 1919, to 3 16 1919, that I last saw her alive on 3 16 1919, and that death occurred, on the date stated above, at 4 30 PM.

THE CAUSE OF DEATH was as follows:
Co. Grippe

13th

Contributory (Secondary) Microscopic

(Special) Dr. C. Williams M.D.
3-16-1919 (Address) at home

NOTE: Note the Cause of Death. It should give the Cause, Mode, Mechanism of Death, and whether Antemortem, Postmortem, or Unknown.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Boarding Residences)

At place of death _____ months _____ days
Where was disease contracted _____ months _____ days
If not at place of death?

17 SEX OF usual conditions _____

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature Alice Williams

Address St. Ave

19 PLACE OF BURIAL OR REMOVAL James Cemetery Ky

DATE OF BURIAL 3 19 1919

20 UNDERTAKER Baslow

ADDRESS Washington

MARGIN RESERVED FOR BINDING

Write plainly, with unfading ink—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. DO NOT SIGN. REGISTRARS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Report with number of OCCUPATION in very important.

REGISTERED