

STATE OF MARYLAND  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36717

PLACE OF DEATH

County *Rowan*

Vol. Pat. *Farmers*

Int. Town *Farmers*

Registration District No. *7492*

Primary Registration District No. *2506*

File No.

Registered No. *2351*

(If death occurred in a hospital or institution, give the name and ward)

Sex

(FULL NAME) *Maude May Penney*

PERSONAL AND STATISTICAL PARTICULARS

1. SEX *Female* 2. COLOR OR RACE *White*

3. DATE OF BIRTH *Aug - 20, 1917*

4. AGE *1 yr 2 mo 22 da*

5. OCCUPATION (a) Trade, profession, or particular line of work *Child*  
(b) General nature of industry, business or establishment in which employed (if employed)

6. BIRTHPLACE (State or country) *Rowan Co*

7. NAME OF FATHER *Henry Coxey*

8. BIRTHPLACE OF FATHER (State or country) *Rowan Co, Va*

9. MARRIAGE NAME OF MOTHER *Letta Carroll*

10. BIRTHPLACE OF MOTHER (State or country) *Carter Co*

11. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: *Henry Coxey*  
*Farmers*  
Address: *Nov 12, 8 Maude May*

MEDICAL CERTIFICATE OF DEATH

12. DATE OF DEATH *Nov 11, 1918*

13. I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1918* to *Nov 11, 1918*, that he/she has not been alive on *Nov 9, 1918*, and that death occurred on the date stated above at *9:30*. The CAUSE OF DEATH was as follows:

*Whooping Cough*

*Influenza*

Duration of illness *1 mo 1 da*

Signature of Physician *W. B. ...*

Address *...*

14. PLACE OF RESIDENCE (If in hospital, institution, or other place on recent residence)

At place of death *...* in the State *...*

15. PLACE OF BURIAL OR REMOVAL *Jones Cemetery Nov 12, 1918*  
*South Arnett Farmers*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
M. S.--Every item of information given should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH EXACTLY. EXACT STATEMENT OF OCCUPATION is very important. See INSTRUCTIONS ON BACK of certificate.