

1 PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County RowanFile No. 83378Vol. Pot. #2Registration District No. 7492Registered No. 31Ino. Town FarmersPrimary Registration District No. #2

(If death occurred in a hospital or institution give its NAME (instead of street and number.)

City (No.)St. Ward

2 FULL NAME

Paline Craig

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Child6 DATE OF BIRTH May 16, 1903
(Month) (Day) (Year)7 AGE 11 yrs. 7 mos. 12 ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. Child
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Rowan Co Ky10 NAME OF FATHER Tomie E Craig11 BIRTHPLACE OF FATHER (State or country) Bath Co.12 MAIDEN NAME OF MOTHER Carrie Myers13 BIRTHPLACE OF MOTHER (State or country) Rowan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Craig(Address) FarmersFiled 12-29, 1913 Maudie Myers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 24 1913
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1913, to Dec 28, 1913, that I last saw her alive on Dec 28, 1913, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH* was as follows:Abcess, Frontal SinusContributory Pneumonia (Duration) 4 yrs. ... mos. ... ds.
(SECONDARY) (Duration) 6 yrs. ... mos. ... ds.
(Signed) Dr. H. A. Evans, M. D. Dec 29, 1913. (Address) Farmers

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

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

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, If not at place of death? ...
Former or usual residence ...19 PLACE OF BURIAL OR REMOVAL Jonas Cemetery DATE OF BURIAL 12-29, 1913
20 UNDERTAKER M. W. R. Thomas ADDRESS Salt Lick