

WRITE PLAINLY, IN INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 1-26-1925		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		4461
1 PLACE OF DEATH County <u>MONROE</u>		Registration District No. <u>1064</u>		File No. _____
2 FULL NAME <u>Eliza Ellen Miller</u> , <u>Tompkinsville, Ky.</u>		Primary Registration District No. <u>6740</u>		Registered No. <u>5</u>
(a) Residence, No. _____ St. _____ Ward _____ (Usual place of abode)		(If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred yrs. _____ mo. _____ ds. _____		How long in U. S. if foreign birth 1. _____ yrs. _____ mo. _____ ds.		
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 MARRIAGE <u>Married</u> (Write the words)	6 DATE OF DEATH <u>Feb. 27 1927</u> (Day) (Year)	
7a If married, widowed, or divorced HUSBAND of <u>Robert Turner Miller</u> (or) WIFE of _____		7 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 19</u> , 1927, to <u>Feb. 27</u> , 1927, that I last saw him alive on <u>Feb. 27</u> , 1927, and that death occurred on the date stated above at <u>11:30^a</u> a.m. The CAUSE OF DEATH* was as follows: <u>Toxemia</u> <u>origin unknown</u> (Duration) _____ yrs. _____ mos. <u>17</u> ds.		
8 DATE OF BIRTH <u>Feb. 6, 1862</u> (Month) (Day) (Year)		8 OCCUPATION OF DECEASED (a) Trade, profession or Housekeeper particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____		
9 AGE <u>65</u> yrs. _____ mos. <u>21</u> ds. _____ IF LESS than 1 day _____ hrs _____ min		9 BIRTHPLACE (city or town) <u>Kentucky</u> (State or country)		
PARENTS	10 NAME OF FATHER <u>Emory Moore</u>		11 WHERE WAS DISEASE CONTRACTED If not at place of death? _____	
	11 BIRTHPLACE OF FATHER (city or town) <u>Kentucky</u> (State or country)		Did an operation precede death? — Date of _____	
	12 MAIDEN NAME OF MOTHER <u>Minerwa Pitcock</u>		Was there an autopsy? <u>No</u>	
13 BIRTHPLACE OF MOTHER (city or town) <u>Kentucky</u> (State or country)		What test confirmed diagnosis? <u>clinical symptoms</u> (Signed) <u>J. W. Yokley</u> , M. D. <u>1 Oct. 2, 1927</u> (Address) <u>Tompkinsville Ky.</u>		
14 (Informant) <u>R. T. Miller</u> , <u>Tompkinsville, Ky.</u> (Address) _____		*State the Disease Causing Death or, in deaths from violent causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
15 Filed <u>3/8/26</u> , 19 _____		16 PLACE OF BURIAL OR REMOVAL <u>Shree's Creek Cemetery</u> , <u>Feb. 28, 1927</u>		
Registrar _____		17 UNDERTAKER <u>J. W. Yokley</u> , <u>Tompkinsville, Ky.</u> ADDRESS _____		