

1 PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County *Middleburg*

Vet. Pot. *Emmis*

Ino. Town.....

City.....

Registration District No. *105*

Primary Registration District No. *3466*

(No. .... St., .... Ward)

File No. ....

Registered No. *11*

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

1 FULL NAME *Mrs Mary Knight*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2 SEX *7* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

16 DATE OF DEATH *Nov 8, 1923*

6 DATE OF BIRTH *11, 2, 1853*

17 I HEREBY CERTIFY, That I attended deceased from *Nov 5, 1923*, to *Nov 8, 1923*,

7 AGE *70* yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

that I last saw him alive on *Nov 8, 1923*, and that death occurred on the date stated above at.....m. The CAUSE OF DEATH\* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work. *At Home* (b) General nature of industry business or establishment in which employed (or employer)

*Labor Pneumonia*

9 BIRTHPLACE (State or country) *North Carolina*

(Duration).... yrs. .... mos. .... ds. Contributory (SECONDARY).....

10 NAME OF FATHER *Mr Mayhew*

(Duration).... yrs. .... mos. .... ds. (Signed) *Wm G Hunt* M. D.

11 BIRTHPLACE OF FATHER (State or country) *Virginia*

....., 191... (Address) *Rochester*

12 MAIDEN NAME OF MOTHER *Emmy Wells*

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

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death.... yrs. .... mos. .... ds. In the State.... yrs. .... mos. .... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. W. Crandall*

Where was disease contracted, if not at place of death? Former or usual residence .....

(Address) *Emmis Ky.*

19 PLACE OF BURIAL OR REMOVAL *Dimmons Chapel* DATE OF BURIAL *11-9-23*

15 Filed *Nov 23 1923* *G. D. Fleming* Registrar

20 UNDERTAKER *W. J. Hood* ADDRESS *Rochester*

Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIAN 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.