

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty WendersonFile No. 27619Vol. Pct. WarrintonRegistration District No. 500

Registered No.

Inc. Town.

Primary Registration District No. 6194

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

City.

(No.)

Ward)

2 FULL NAME Naomie Ellison Roark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED Widowed
WIDOWED OR DIVORCED (Write the word)6 DATE OF BIRTH Mar 20, 1877
(Month) (Day) (Year)7 AGE 74 yrs. 6 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?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)9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Reubin Ellison11 BIRTHPLACE OF FATHER (State or country) Ga12 MAIDEN NAME OF MOTHER Minerva A Ford13 BIRTHPLACE OF MOTHER (State or country) Ga

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Roark(Address) New Orleans, La15 Filed Oct 13, 1917 C. McLaughlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 12, 1917
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased Naomie Ellison Roark, 1917, to Oct 12, 1917, and that I last saw her alive on Oct 12, 1917, and that death occurred on the date stated above at 3 P.M. The CAUSE OF DEATH* was as follows:
Pharyngeal Empyema.....
(Duration)..... yrs..... mos. 7 ds.Contributory (SECONDARY) Albuminuria
(Duration)..... yrs..... mos. 10 ds.(Signed) J. H. Neal, M. D.
Oct 12, 1917 (Address) Wenderson

*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. In the State..... yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Furnished Oct 13, 1917

20 UNDERTAKER

ADDRESS

W. H. H. H. Wenderson