

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13572

File No. 7129-

1 PLACE OF DEATH  
County Muhlenburg  
Vot. Pot. Robeswood  
Inc. Town Country  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; Ward \_\_\_\_\_)

7129

Registered No. \_\_\_\_\_

Death occurred in  
a hospital or institution,  
give its NAME instead  
of street and number.

2 FULL NAME Melissa Robinson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH August, 1841  
(Month) (Day) (Year)

7 AGE 70 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER John Briggance

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. P. Dixon

(Address) Wisney Ky

15 Filed May 14, 1912 H. M. Williams  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH May 5 - 1 - 1912  
(Month) (Day) (Year)

12 I HEREBY CERTIFY, That I attended deceased from Apr 30th, 1910, to May 1st, 1912, that I last saw her alive on March 17, 1912 and that death occurred, on the date stated above, at 7 m. The CAUSE OF DEATH\* was as follows:

Dilatation of the Heart

(Duration) 2 yrs. \_\_\_\_\_ mos. 1 ds.  
Contributory Dropsy

(Duration) \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ ds.  
(Signed) J. H. Smith, M. D.  
May 1, 1912 (Address) Wisney Ky

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

(13) 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 H. A. Street DATE OF BURIAL 5/2, 1912

20 UNDERTAKER H. M. Williams ADDRESS Wisney Ky