

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

6515

1 PLACE OF DEATH
County Muhlenberg
City W. Boggs
Ino. Town Greenville

Registration District No. 571
Primary Registration District No. 2436

File No.
Registered No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

3 FULL NAME Amy Wing Fox (No. St., Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 16 1872 1.
(Month) (Day) (Year)

7 AGE 78 yrs. 8 mos. 10 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) Greenville Ky.

PARENTS
10 NAME OF FATHER Clair Fox Wing
11 BIRTHPLACE OF FATHER (State or country) New Bedford Mass.
12 MAIDEN NAME OF MOTHER Lincy Bell Wing
13 BIRTHPLACE OF MOTHER (State or country) Fayette Co Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. H. Staton
(Address) Greenville 164

15 Filed 3/10 1921 A. C. Dickkiffe REGISTRAR
Mircea

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1921, to Feb 26, 1921, that I last saw h. or a. live on Feb 25, 1921, and that death occurred on the date stated above at 3 P.M. The CAUSE OF DEATH* was as follows:

Pneumonia (Duration) 4 yrs. mos. 60 ds.
Contributory age (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) J. H. Staton, M. D.
(Address) Greenville, 191...

*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 Greenville Ky. DATE OF BURIAL 2-27-21

20 UNDERTAKER O. Roark ADDRESS Greenville Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--Every item of information should be carefuly 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.