

Doane, Virgie Frances 1916 - 1918

FORM V. 8 1-10-08 2-10-12

Commonwealth of Kentucky *Dr. Johnson*
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County *Madison* File No. *74157*
 Vol. Fol. *Side 1007* Registration District No.
 Registered No.
 Ino. Town Primary Registration District No.
 City (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
 2 FULL NAME *Virgie Frances Doane*

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>	16 DATE OF DEATH <i>May 10 - 1918</i> (Month) (Day) (Year)	
6 DATE OF BIRTH 1			17 I HEREBY CERTIFY, That I attended deceased from <i>May 1</i> , 191 <i>8</i> , to <i>May 11</i> , 191 <i>8</i> , that I last saw him alive on <i>May 10</i> , 191 <i>8</i> , and that death occurred on the date stated above at <i>8 P.M.</i> The CAUSE OF DEATH was as follows: <i>Chasmosis Caused</i> <i>accompanied by Convulsions</i>	
7 AGE <i>2</i> yrs. mos. ds.			IF LESS than 1 day ... hrs. or ... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)			(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) <i>Kentucky</i>			Contributory (SECONDARY) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER <i>J. W. Doane</i>	(Signed) <i>Dr. Johnson</i> , M. D. <i>Madison</i> , 191 <i>8</i> (Address) <i>Madison</i>		
	11 BIRTHPLACE OF FATHER (State or country) <i>Kentucky</i>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	12 MAIDEN NAME OF MOTHER <i>Viola Ross</i>	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		
13 BIRTHPLACE OF MOTHER (State or country) <i>Kentucky</i>			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <i>Madison</i> , 191 <i>8</i>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>J. W. Doane</i> (Address) <i>Madison</i>			20 UNDERTAKER ADDRESS	
15 Filed <i>May 11, 1918</i> <i>Dr. Johnson</i> REGISTRAR				

11-3194

CUPATION is very important. See instructions on back of certificate.