

Miller, Lydia N Turner 1863 - 1918

Cynthiana Democrat – November 7, 1918

MILLER—Mrs. Lydia Miller died at the home of her son, Herbert Miller, in Paris, Friday, from tuberculosis. She is survived by her father, Elijah Turner, of Harrison county. Also her son, Herbert Miller, of Paris, and the following brothers and sisters—W. M. Turner, Godfrey Turner, Hayes Turner, John Turner and Miss Laura Turner, of Harrison county, and Mrs. J. T. Reed of Ohio. Burial took place at Mt. Pleasant church, Harrison county, Saturday.



Miller, Lydia N Turner 1863 - 1918

FORM V - 1-10004 2-9-12

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

1 PLACE OF DEATH
County Bourbon

2 SEX Female 3 COLOR OR RACE White 4 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5 REGISTRATION DISTRICT NO. 2040 File No. 24753

6 INC. TOWN Paris 7 PRIMARY REGISTRATION DISTRICT NO. No. 134 N. 12th Registered No. _____

8 CITY Paris (No. 134 N. 12th St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

9 FULL NAME Lyda Miller

PERSONAL AND STATISTICAL PARTICULARS

10 SEX Female 11 COLOR OR RACE White 12 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

13 DATE OF BIRTH Apr 6, 1863

14 AGE 55 yrs. 6 mos. 25 ds. IF LESS than 1 day ... hrs. or min.?

15 OCCUPATION (a) Trade, profession, or particular kind of work at home (b) General nature of industry, business or establishment in which employed (or employer) _____

16 BIRTHPLACE (State or country) Ky

17 NAME OF FATHER Ezekiel Turner

18 BIRTHPLACE OF FATHER (State or country) Ky

19 MAIDEN NAME OF MOTHER Hannah A Miller

20 BIRTHPLACE OF MOTHER (State or country) Ky

21 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Robert Miller (Address) 134 N. 12th St.

22 FILED 11/14, 1918 REGISTERED Paris, Ky

MEDICAL CERTIFICATE OF DEATH

23 DATE OF DEATH Oct 31, 1918

24 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1918, to Oct 31, 1918, that I last saw her alive on Oct 31, 1918, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows: Tubercular Laryngitis

25 CONTRIBUTORY (SECONDARY) _____ (Duration) _____ yrs. mos. ds.

26 (Signed) H. M. ... M. D. (Address) Paris, Ky

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

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

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

29 PLACE OF BURIAL OR REMOVAL Paris, Ky DATE OF BURIAL Nov 2, 1918

30 UNDERTAKER Smith-Rees Co ADDRESS Cynthiana

11-2154