

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

2144

PLACE OF DEATH

Count *Middlesburg*

Vol. No. *5*

Registration District No. *1068*

File No. ....

Ino. Town *Waverly*

Primary Registration District No. *4821*

Registered No. *4*

City *Waverly*

(No. .... St., .... Ward)

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

FULL NAME *Annemae Woods*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *girl* COLOR OR RACE *dark* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Writes the word)

DATE OF DEATH *Jan 3 1925*  
(Month) (Day) (Year)

DATE OF BIRTH *Dec 3 1921*  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *12-30-1924* to *Jan 3-1925* that I last saw him alive on *12-31-1924*

AGE *3* yrs. *2* mos. *6* ds. IF LESS than 1 day ... hrs. or ... min.?

and that death occurred on the date stated above at *2 p.m.* The CAUSE OF DEATH\* was as follows: *accidental scald*

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

(Duration) ... yrs. ... mos. ... ds.

BIRTHPLACE (State or country) *Waverly Ind*

Contributory (SECONDARY)

NAME OF FATHER *Hubert Woods*

(Signed) *T. P. Hanson*, M. D.

BIRTHPLACE OF FATHER (State or country) *Middlesburg Ky*

*1-7-1925* (Address) *Waverly*

MAIDEN NAME OF MOTHER *Frances Skaten*

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

BIRTHPLACE OF MOTHER (State or country) *Rossmore Tenn*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TENANTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) *Hubert Woods*

(Address) *Drakesboro Ky*

PLACE OF BURIAL OR REMOVAL *Smith Cemetery Waverly* DATE OF BURIAL *Jan 3 1925*

FILED *1925 J. R. Kin...* REGISTRAR

UNDERTAKER *Blake Finch* ADDRESS *Drakesboro*

WRITE PLAINLY, WITH INK. PHYSICIAN SHOULD BE CONSULTED IN CASE OF DEATH. THIS IS THE PROPERTY OF THE STATE. BEST STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.