

23063

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 80

1. PLACE OF DEATH

County MuhlenbergVet. Pot. W. Central Hwy

Ins. Town _____

Registration District No. 1087Primary Registration District No. 2435City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Jessie Ruth Adkins(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (Nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. ds. _____
New born in U. S. If of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH July 9 - 19347. AGE Years 1 Months 1 Days 1 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Muhlenberg Co. Ky13. NAME Andrew Adkins14. BIRTHPLACE Muhlenberg Co Ky15. MAIDEN NAME Norma Martin16. BIRTHPLACE Muhlenberg Co. Ky17. INFORMANT Andrew Adkins(Address) Greenville Ky R. # 1

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date Aug 11, 193519. UNDERTAKER M. B. McDonald & Sons(Address) Greenville Ky20. FILE Aug 10, 1935 A. L. Handford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 10, 193522. I HEREBY CERTIFY That I attended deceased from Aug 3, 1935 to Aug 10, 1935I last saw him alive on Aug 9, 1935, death is said to have occurred on the date stated above, at 2:30 p. m. The principal cause of death and related causes of importance in order of onset were as follows:Acute Colitis Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 1935

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If, specify _____

(Signed) B. J. Gargabete, M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—This is a PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIAN 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.