

CERTIFICATE OF DEATH

File No. 22087Registered 22087

IN PLACE OF DEATH
County Muhlenberg
Vot. Pct. Chambers
Inc. Town _____
City _____ (No. _____ St., _____ Ward)

Registration District No. 1093
Primary Registration District No. 6830

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

2. FULL NAME Mrs. Hattie Allen

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long 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) widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH April 17 - 1878
7. AGE Years Months Days If LESS than 1 day hrs. or min.
55 4 15

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. Ky
13. NAME J. H. Craig
14. BIRTHPLACE Muhlenberg Co. Ky
15. MAIDEN NAME Jennie Badine
16. BIRTHPLACE Ky

17. INFORMANT Mrs. H. N. Hoover
(Address) Greenwood, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date 9-3-1933

19. UNDERTAKER M. B. McDonald & Co.
(Address) Greenwood, Ky

20. FILED 9-3-33, 19 0. B. Wickliffe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1933 to 9-1, 1933

I last saw her alive on 9-1-33 10:00 a.m. Death is said to have occurred on the date stated above, at 4:30 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

Coronary Atherosclerosis
Acute Myocardial Infarction
127-129

Contributory causes of importance not related to principal cause:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
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? no If so, specify _____

(Signed) David L. Simpson, M. D.

(Address) Greenwood, Ky

By M. Wells

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.