

12751

Form V. S. 1-A-50m-11-1-39

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 12

Registered No. _____

1 PLACE OF DEATH

County MyklyburgVot. Pat. BrahamRegistration District No. 1096

Inc. Town _____

Primary Registration District No. 6846City Braham Ky.(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Susie Catherine Bennett(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred yrs. mos. ds. _____ (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed or divorced HUSBAND of (or) WIFE of L. C. Bennett6. DATE OF BIRTH (month, day, and year) Feb 23 18767. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
58 2 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundress
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (city or town) (State or country) Butler Co.13. NAME Searge. Barah.14. BIRTHPLACE (city or town) (State or country) Butler Co.15. MAIDEN NAME Sarah. Barah.16. BIRTHPLACE (city or town) (State or country) Butler Co.17. INFORMANT L. C. Bennett
(Address) Braham Ky.18. BURIAL, CREMATION, OR REMOVAL Place McArthur Date 3/5, 193419. UNDERTAKER M. B. McDonald
(Address) Lawrenceville20. FILED 6/14, 1934 L. C. Bennett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 7 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____

I last saw h_____ alive on 3-6 day, 19____, death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance in order of onset were as follows:apoplexy

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 _____ 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? _____ If so, specify _____

(Signed) Laurie Bryan Coats
(Address) Central City Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and should be stated EXACTLY. PHYSICIANS 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.

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