

3. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 21015
Registrar's No. 299

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg Ky.
(b) City or town Clatsop Ky. Rural.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Katie Alice Bethel

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Marital status: Wife
5. Married
6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife Kelly H. Bethel

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased April 8 - 1892
(Month) (Day) (Year)

8. AGE: 52 3 17
Year Month Day If less than one day hr. min.

9. Birthplace Ky.

10. Usual occupation ✓

11. Industry or business ✓

FATHER { 12. Name William Ingram

13. Birthplace Ky.

MOTHER { 14. Name Margaret Bager

15. Birthplace Ky.

16(a) Informant Kelly H. Bethel

(b) Address Clatsop Ky.

17. BURIAL, CREMATION OR REMOVAL

Place Miller Date 9-26-44

18(a) Signature of funeral director Central Funeral Home

(b) Address Central City Ky.

19(a) 10-2-1944 (Date received by local registrar)
Asa J. Standford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25-44
21. I hereby certify that I attended the deceased from Sept 19-44
to Sept 25 1944 that I last saw her alive on Sept 23
2: A and that death occurred on the date stated above at 2: A M.

Immediate cause of death Arteriosclerosis (Coronary)
Due to _____

DURATION
<u>1 year</u>

Other conditions (Include pregnancy within 3 months of death)

Major findings: 95C

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place or in public place? _____

(Specify type of place)

(d) While at work? _____ (e) Means of injury _____

23. Signature J. S. Ferguson (M. D. or other)

Address Central City Ky. Date signed 9-30-44