

COMMONWEALTH OF KENTUCKY
State Dept. of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mitchell

Vot. Pct. E. B. Rogers

Ino. Town _____

CITY _____

Registration District No. 1093

Primary Registration District No. 6892

(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. _____

Registered No. _____

2 FULL NAME Melia Ellen Beard

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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 Single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 72 yrs. 5 mos. 7 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. At home
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (State or country) Hopkins Co. Ky.

PARENTS
10 NAME OF FATHER David Beard
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky.
12 MAIDEN NAME OF MOTHER Jane Fedor
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Tenn.

14 (Informant) John E. Jarrin
(Address) Central City Ky. R. 1

15 Filed 2/18 1930 G. B. Wickliffe
By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 17, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25, 1930, to Feb 17, 1930, that I last saw h.t. alive on Feb 15, 1930, and that death occurred on the date stated above at 3 P. m. The CAUSE OF DEATH* was as follows:

Burn from an open fire
clothing caught fire about 1/2 of
body area burned
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Supine position
(Secondary)
(Duration) _____ yrs. _____ mos. 10 ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____
(Signed) J. C. Woodburn, M. D.
_____, 1930 (Address) Evansville Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Bethel 234 DATE OF BURIAL Feb. 18, 1930

20 UNDERTAKER M. B. McDonald ADDRESS Evansville Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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. See instructions on back of certificate.

MAKING KEYS FOR INDEXING