

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

20855

1. PLACE OF DEATH

County MuhlenbergVot. Pot. SeelyeInc. Town Central City

City _____

CERTIFICATE OF DEATH

Registration District No. 1087Primary Registration District No. ny/35

File No. _____

Registered No. 912. FULL NAME Paula Beards(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) Single

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

6. DATE OF BIRTH Aug 77. AGE Years _____ Months _____ Days 20 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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 Co13. NAME J. B. Beard14. BIRTHPLACE Caldwell Co15. MAIDEN NAME Lee Mitchell16. BIRTHPLACE Muhlenberg Co17. INFORMANT Beards(Address) White Plains #1

18. BURIAL, CREMATION, OR REMOVAL

Place Cohman B. Date Aug 28 3419. UNDERTAKER M. B. McDonald & Co(Address) Seelye20. FILED 8/29-1934-A. R. Davenport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 27, 1934

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

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 12 P m. The principal cause of death and related causes of importance in order of onset were as follows:Pulmonary TBPatent73

Contributory causes of importance not related to principal cause:

Name of operation Operated Date of _____What test confirmed diagnosis? 1 Was there an autopsy? _____

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

Accident, suicide, or homicide? no date of injury _____ 19____Where did injury occur? no (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. noManner of injury no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Paula Beards M. D.(Address) Seelye

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING 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. See instructions on back of certificate.