

10634

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

File No. _____
Registered No. 46

1. PLACE OF DEATH
County Mitchell
City _____
Ino. Town _____
City _____

Registration District No. 1087
Primary Registration District No. 3435

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

2 FULL NAME Bochard Stillborn

(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 _____ 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Stillborn

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) April 25 1935

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. Stillborn

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, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) NY (State or country) _____

13. NAME Chas Bodine

14. BIRTHPLACE (city or town) NY (State or country) _____

15. MAIDEN NAME Ella Reef

16. BIRTHPLACE (city or town) NY (State or country) _____

17. INFORMANT Louis Liscal (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____

19. UNDERTAKER (Address) _____

20. FILED 4/25, 1935 A. L. Bradford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to April 2, 1935 and last saw him alive on April 2, 1935, death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance in order of onset were as follows:

Placenta Previa Date of onset _____

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? Yes If so specify _____

(Signed) J. H. Harralson, M. D. (Address) Central City NY

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. 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.