

MARGIN RESERVED FOR BINDING

8. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully applied. 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.

Form V. S. 1-A

1. PLACE OF DEATH

County MuhlenbergVot. Prec. Buckner

Inn. Town _____

City _____

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1085Primary Registration District No. 7512

20120

File no. _____

Registered No. 290

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

2. FULL NAME Lillie Ann Bauer IF VETERAN, WHAT WAS _____

(a) Residence, No. _____ St. _____ Ward _____ (Usual place of abode) (If of foreign birth, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in _____ If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (with the word)		21. DATE OF DEATH <u>July 25</u> , 19 <u>40</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				I HEREBY CERTIFY, That I attended deceased from <u>June 28</u> to <u>July 25</u> , 19 <u>40</u>	
6. DATE OF BIRTH <u>June 28 1940</u>				I last saw her alive on <u>July 25</u> , 19 <u>40</u> death is said to have occurred on the date stated above, at <u>4</u> P.M. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE		8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		Meningo etc	
Years	Months	Days	if LESS than 1 day.....hrs. or.....min.		
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)		Date of onset <u>June 25</u>	
12. BIRTHPLACE <u>Muhlenberg</u>		11. Total time (years) spent in this occupation		Contributory causes of importance not related to principal cause:	
13. NAME <u>Eldon Bauer</u>		12. BIRTHPLACE <u>Butler Co</u>		Name of operation _____ Date of _____	
15. MAIDEN NAME <u>Audrey Heimens</u>		17. INFORMANT <u>Edgar Weaver</u>		What test confirmed diagnosis? _____ Was there an autopsy? _____	
16. BIRTHPLACE <u>Butler Co</u>		18. BURIAL, CREMATION, OR REMOVAL		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.	
19. UNDERTAKER <u>Parberry & Hays</u>		Place <u>Buckner B.G.</u> Date <u>July 26</u> , 19 <u>40</u>		Manner of injury _____	
(Address) <u>Greenville 157</u>		24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____		Nature of injury _____	
20. FILED <u>July 31</u> , 19 <u>40</u> <u>JAMES LATER</u> Registrar		(Address) <u>South Creek Ky</u>		(Signed) <u>W.F. Richardson</u> M.D.	