

9885

Form V. S. 1-3-30m-1-13-31

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1. PLACE OF DEATH

County MuhlenbergVet. Post. Ed. HouseRegistration District No. 1043

Ino. Town _____

Primary Registration District No. 6830City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Miss Mollie Bosticher(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) married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Mich 267. AGE Years 55 Months _____ Days _____ If LESS than 1 day hrs. or min.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, sawmill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE Daviess Co. Ky.13. NAME W. T. Smith14. BIRTHPLACE Daviess Co. Ky.15. MAIDEN NAME Clay Pitt16. BIRTHPLACE McLean17. INFORMANT G. H. Bosticher(Address) Greenville Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Chapel Date April 28, 1932

19. UNDERTAKER

(Address) _____

20. FILED 4-28, 1932

Registrar,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 28, 193222. I HEREBY CERTIFY, That I attended deceased from Miss, 1931 to Apr 27, 1932I last saw her alive on Apr 15, 1932, death is said to have occurred on the date stated above, at 1 P. m. The principal cause of death and related causes of importance in order of onset were as follows:Cover of Quad

Date of onset

50

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? _____ If so, specify _____

(Signed B. L. Gates, M. D.(Address) Greenville Ky

N. B. WRITE PLAINLY, WITH 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.

Dr. Gates