

MARGIN RESERVED FOR BINDING

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.

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2412

File No.

Registered No. 3

1. PLACE OF DEATH
County Muhlenberg

Vet. Pat.

Inc. Town Central City

City

Registration District No. 1087

Primary Registration District No. 2435

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

2. FULL NAME Alice G. Calvert

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Widowed

6. DATE OF BIRTH Nov 14 1868

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
66 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 Ky.

FATHER 13. NAME R. O. Crumfield

14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Elizabeth Fielden

16. BIRTHPLACE Tenn.

17. INFORMANT Mrs. D. L. Banks
(Address) 2745 Highland Ave Louisville Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Louisville Ky Date Jan 4, 1935

19. UNDERTAKER Robert H. Mosley
(Address) Central City Ky

20. FILED 1-4 1935 A. L. Blanford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Jan 3, 1935.
I last saw her alive on Jan 3, 1935, death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

J.B. + Pneumonia Date of onset 9 am
23 95

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) J. H. H. Hughes M. D.
(Address) Central City Ky