

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

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Muhlenberg
Vot. Pot. Consolidated
Inc. Town _____
City _____

Registration District No. 1093
Primary Registration District No. 6829

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

2. FULL NAME Margaret ~~White~~ ~~Conrad~~

(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) Married

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

6. DATE OF BIRTH
7. AGE Years Months Days IF LESS than 1 day hrs. or min.
73

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 Muhlenberg Co Ky

13. NAME Hannah Taylor

14. BIRTHPLACE Ky

15. MAIDEN NAME Lillian Adams

16. BIRTHPLACE Ky

17. INFORMANT Freda ~~Conrad~~ ~~Cresson~~
(Address) Consolidated 74

18. BURIAL, CREMATION, OR REMOVAL
Place Cresona Bg Date 2-2 1934

19. UNDERTAKER M. B. McDonald & Co.
(Address) Greenville Ky

20. FILED 2-1 1934 C. E. Wickliffe,
By H. Wolff.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from residence, 1934 to _____, 19____
I last saw h_____ alive on the death, 19____, death is said to have occurred on the date stated above, at 10:4 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Organic Heart Trouble
Asites
Contributory causes of importance not related to principal cause
Can't say what led to her accident

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) E. L. Gator, M. D.
(Address) Greenville Ky

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITHOUT 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.