

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16027

File No. _____

Registered No. 223

1. PLACE OF DEATH

County MuhlenbergVot. Prec. Rosewood

Inn. Town _____

City _____

Registration District No. 1085Primary Registration District No. 7509(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Lucy Almeda Cisney(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 male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH 1937 Feb 167. AGE Years _____ Months 9 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.

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

12. BIRTHPLACE Muhlenberg13. NAME Catley Cisney14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Carrie Shipman16. BIRTHPLACE Muhlenberg17. INFORMANT Lucy Cisney(Address) Greenwill R. #1

18. BURIAL, CREMATION, OR REMOVAL

Place Shipman B. S. Date June 24, 193919. UNDERTAKER Perkins & Sons(Address) Greenwill R. #120. FILED June 28, 1939 Jamies Carter

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 23, 1939I HEREBY CERTIFY That I attended deceased from June 18, 1939 to June 22, 1939
I last saw him alive on June 18, 1939, death is said to have occurred on the date stated above, at 10:00 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:Acute Colitis 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? _____ If so, specify _____

(Signed) L. G. Cigabrite M. D.(Address) Greenwill R. #1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH FADING 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.

art