

17473

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1091

File No. _____

1. PLACE OF DEATH
County Muhlenberg
Vot. Pot. Rosewood
Ino. Town _____
City _____

Registration District No. 1443 2878
Primary Registration District No. 241

Registered No. _____

2. FULL NAME J. A. Wisney
(If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

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. (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH _____

7. AGE Years Months Days If LESS than 1 day hrs. or min.
60 6 17

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

13. NAME J. A. Wisney

14. BIRTHPLACE Muhlenberg

15. MAIDEN NAME Martha Ann Crow

16. BIRTHPLACE Greenwell Ky

17. INFORMANT J. A. Wisney
(Address) Greenwell Ky

18. BURIAL, CREMATION, OR REMOVAL
Place _____ Date July 2, 1932

19. UNDERTAKER M. B. McDermold
(Address) Greenwell Ky

20. FILED July 2, 1932 C. B. Wichliffe
By M. Wells

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 1, 1932
last seen alive on July 1, 1932, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

apoplexy

Date of onset _____

Contributory causes of importance not related to principal cause:
Pancreatic Nephrosis with Hypertension

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. C. Woodburn, M. D.
(Address) Greenwell Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. NON-FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.