

7708

Form V. S. 1-A-50m-1-12-31

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

File No. _____
Registered No. 25

1. PLACE OF DEATH
County Muhlenberg
Vet. Pct. Hanson
Ino. Town Central City
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 10 87
Primary Registration District No. 24 35

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Anna Cobb

(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

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

6. DATE OF BIRTH April 4 - 1916

7. AGE Years Months Days IF LESS than 1 day hrs. or min.
17 11 11

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 Missouri

13. NAME Wm Butler

14. BIRTHPLACE Don't know

15. MAIDEN NAME Lena Tooley

16. BIRTHPLACE Muhlenberg Co Ky

17. INFORMANT J. G. ... F. ...
(Address) Central City, Ky R. 1

18. BURIAL, CREMATION, OR REMOVAL
Place Columbus Ky Date Feb 16 1933

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

20. FILED 37 16 1933 A. L. ...
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1933 to 3-15, 1933

I last saw her alive on 3-15, 1933, death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia
Date of onset Feb 20
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. ... M. D.
(Address) Central City Ky

MARGIN RESERVED FOR BINDING
D. Every item of information 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.
N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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.

D. ...