

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHNo. 9227
3-2-29

File No. 9227

County Hepburn

Vol. No. _____

Registration District No. 790Registered No. 46Ind. Town MadisonvillePrimary Registration District No. 2265City Madisonville

(No. _____ St. _____ Ward _____)

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

2 FULL NAME Mrs. Della Coleman(a) Residence. No. Vinegar Hill 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 Female 4 COLOR OR RACE Negro 5 Single Never
Married
Widowed
or Divorced
(Write the word)6a If married, widowed, or divorced
HUSBAND of Willie Coleman
(or) WIFE of6 DATE OF BIRTH 3 23 1894
(Month) (Day) (Year)7 AGE 33 yrs. 11 mos. 10 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer) Housekeeping9 BIRTHPLACE (city or town) (State or country) South Carolina Ky10 NAME OF FATHER Charlie Carbin11 BIRTHPLACE OF FATHER (city or town) (State or country) South Carolina12 MAIDEN NAME OF MOTHER Susan13 BIRTHPLACE OF MOTHER (city or town) (State or country) South Carolina14 (Informant) Charles Carbin
(Address) Madisonville Ky15 Filed 3-14 1929 St. Louis
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3/3/29 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to March 3, 1929, that I last saw her alive on March 3, 1929, and that death occurred on the date stated above at 6:30 a.m. The CAUSE OF DEATH* was as follows:
Acute leukemiaContributory (Secondary) Chronic Constipation
(Duration) _____ yrs. _____ mos. _____ ds.
276 yrs. _____ mos. _____ ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? at her homeDid an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Exames(Signed) E. J. Foster M. D.(Address) _____, 1929

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

South Carolina Mar 15 1929

20 UNDERTAKER

Wm. League Son Madisonville

WRITE PLAINLY, WITHOUT UNNECESSARY WORDS. THIS IS A PERMANENT RECORD.

N. B.—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.