

30404

County of *Murphy*Vol. *1082*

Inc. town

City

Registration District No. *1082*Primary Registration District No. *2735*

St. Ward

File No.

Registered No. *66*

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

2 FULL NAME *Ressie May Conway*

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 Single Married Widowed or Divorced (Write status)
6 DATE OF BIRTH <i>Dec 20 1909</i>	(Month) (Day) (Year)	
7 AGE <i>20 yrs 9 mos 11 ds.</i>	IF LESS than 1 day or.....min?	
8 OCCUPATION (a) Trade, profession or particular kind of work. <i>Housewife</i> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <i>Murphersburg</i>		

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>Oct 11 1925</i>	(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from <i>Oct 9 1925</i> to <i>Oct 11 1925</i> , that I last saw him alive on <i>Oct 11 1925</i> , and that death occurred on the date stated above at <i>7 P.M.</i>	

The CAUSE OF DEATH\* was as follows:

*Organic Heart Disease  
General  
General*

(Duration) ..... yrs. .... mos. .... ds.

Contributory (Secondary)	(Duration) ..... yrs. .... mos. .... ds.
(Signed) <i>Edgar Conway</i>	(Address) <i>Central City, Ky.</i>

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

PARENTS	10 NAME OF FATHER <i>H. H. Crist</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky.</i>
	12 MAIDEN NAME OF MOTHER <i>Josephine Doffinger</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Ky.</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Edgar Conway</i>
(Address) <i>Central City, Ky.</i>

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	at place of death.....yrs.....mos.....ds.	in the State.....yrs.....mos.....ds.
Where was disease contracted, if not at place of death? Former or usual residence		

15 Filed <i>10/19 1925</i>	Registrar <i>A. L. Bluff</i>
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19 PLACE OF BURIAL OR REMOVAL <i>Fish Cemetery</i>	DATE OF BURIAL <i>Oct 12 1925</i>
20 UNDERTAKER <i>Arthur S. Mosley</i>	ADDRESS <i>Central City, Ky.</i>

WRITE PLAINLY WITH UNFADING INK—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. Each statement of OCCUPATION is very important. See instructions on back of certificate.

MARRIAGE REGISTERED FOR KENTUCKY