

1. PLACE OF DEATH

County MuhlenbergVot. Pct. Wiss & News

Inc. Town _____

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Stillman

(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 Male4. COLOR OR RACE White5. Single, Married, Widowed
or Divorced (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH April 25-1934

7. AGE

Years

Months

Days

If LESS than
1 day hrs.
or min.

OCCUPATION

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
occupation12. BIRTHPLACE Muhlenberg Co Ky13. NAME Ruby Cook14. BIRTHPLACE Muhlenberg Co Ky15. MAIDEN NAME Ester Wells16. BIRTHPLACE Muhlenberg Co Ky17. INFORMANT Ester Wells(Address) Russell Ky

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Apr 26, 193419. UNDERTAKER M. B. McDonald & Co(Address) Russell Ky20. FILED 4-281934

Registrar, _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 25, 193422. I HEREBY CERTIFY, That I attended deceased from
April 24, 1934 to April 25, 1934I last aw alive on April 24, 1934, death is said
to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance
in order of onset were as follows:Deformed
and
ArteriosclerosisDate of
onsetContributory 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. Woodburn

, M. D.)

(Address) Russell Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING 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.