

1. PLACE OF DEATH

County

Christian

File No. _____

Vot. Pot. _____

Registration District No. 350Registered No. 162

Inc. Town _____

Primary Registration District No. 245

City _____

(No. Jennie Stuart New Hospital)
(If death occurred in a hospital or institution, give its NAME, street and number)

2. FULL NAME

(a) Residence. No. _____ St., _____

(Usual place of abode)

If resident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

Newborn in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE W5. Single, Married, Widowed
or Divorced (write the word)
Married

5a. If married, widowed, or divorced

(or) WIFE of

Willie Cox

6. DATE OF BIRTH

Mar 30 - 1905

7. AGE

Years
30Months
10Days
23If LESS than
1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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

Butler County Ky

13. NAME

Jenkins

14. BIRTHPLACE

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE

Unknown

17. INFORMANT

Mr. Willie Cox

(Address)

Bevier

18. BURIAL, CREMATION, OR REMOVAL

Place

Bevier

Date

Feb. 14, 1936

19. UNDERTAKER

(Address)

Arthur L. MosleyCentral City Ky

20. FILED

April 25, 1936Ruth Bagby

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 2/12/36, 1922. I HEREBY CERTIFY, That I attended deceased from
_____, 19____ to _____, 19____I last saw h_____ alive on _____, 19____, 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:Massive Burns
of Back & LegDate 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? A date of injury _____ 19____Where did injury occur? Bevier Ky
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in
public place.Manner of injury Gown Caught Fire

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed)

Gary Faucher, M. D.

(Address)

Hopkinsville Ky

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. 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.

MARGIN RESERVED FOR BINDING