

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

23329

County Mecklenburg

File No. \_\_\_\_\_

Vot. Pct. 4/20/30

Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2 FULL NAME Jeanette Crawford(a) Residence No. 510 Eycrawm 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  Married  Widowed  or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work house work (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Greenville (State or country) kyPARENTS 10 NAME OF FATHER Jess McChase 11 BIRTHPLACE OF FATHER (city or town) Morganfield (State or country) ky 12 MAIDEN NAME OF MOTHER Emma Short 13 BIRTHPLACE OF MOTHER (city or town) Greenville (State or country) ky14 (Informant) W.M. Short (Address) Paducah, ky15 Filed 9/21, 1930 G. B. Wickliffe Registrar By M. Wells

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 21 1930 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 15, 1930 to Sept 21, 1930 that I last saw him alive on Sept 21, 1930 and that death occurred on the date stated above at 3:30 P.M. The CAUSE OF DEATH\* was as follows: Relapsing Tuberculosis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? \_\_\_\_\_

Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Examination(Signed) G. B. Wickliffe M. D. Sept 21, 1930 (Address) Owensboro ky

\*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 Greenville ky DATE OF BURIAL Sept 24 193020 UNDERTAKER James E. George ADDRESS Central City ky

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING REPRODUCED FOR RECORDS