

30683

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 1097

File No. _____

1 PLACE OF DEATH

County WarrickVet. Pct. HillsideRegistration District No. 1222

Registered No. _____

Ino. 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 Della Jean Coulter(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 Female 4. COLOR OR RACE White 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, and year)

7. AGE Years Months Days If LESS than 1 day ____ hrs. or ____ min. 11

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, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mt. Vernon

MOTHER/FATHER

13. NAME Goebel Coulter14. BIRTHPLACE (city or town) (State or country) Mt. Vernon15. MAIDEN NAME Della May Johnson

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Goebel Coulter
(Address) Mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Vernon Date 11/25, 193119. UNDERTAKER M. B. McDonald
(Address) Lebanon20. FILED 12-15, 1931

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 11/24, 193122. I HEREBY CERTIFY, That I attended deceased from 11/24 to 11/24, 1931I last saw him alive on 11/24, 1931, death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Placental Eclampsia Date of onset _____

Contributory causes of importance not related to principal cause:

Child was delivered during Eclampsia.

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 _____ 1931

Where did injury occur? _____

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) E. L. Galt, M. D.
(Address) Shrewsbury

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. 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.