

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH~~20000~~

File No.

Registered No. 22673

PLACE OF DEATH

County MontgomeryVol. Pct. Central CityRegistration District No. 1087Inc. Town Central CityPrimary Registration District No. 2735

City

(No.)

St.

Ward)

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

2 FULL NAME Alva Lee Comdoff

(a) Residence. No.

St.

Ward. Paradise Hwy.

(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 M4 COLOR OR RACE W5 Single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of

6 DATE OF BIRTH Feb 22

(Month)

(Day)

1990

(Year)

7 AGE

24 yrs. 6 mos. 13 ds.IF LESS than 1
day hrs.
or min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work None(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town)
(State or country) Kentucky

PARENTS

10 NAME OF
FATHER B. C. Comdoff11 BIRTHPLACE
OF FATHER (city or town)
(State or country) Kentucky12 MAIDEN NAME
OF MOTHER Neda Bates13 BIRTHPLACE
OF MOTHER (city or town)
(State or country) Kentucky

14

(Informant) B. C. Comdoff(Address) Paradise Hwy.

15

Filed 9/15-1933A. L. Blaupied
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 14, 1933

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased

from....., 19....., to....., 19.....,

that I last saw h..... alive on....., 19.....,

and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH was as follows:

Gun shot wounds inflicted
by his own hands, also found
shot gun in stomach which
would not cause instant death.
(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?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J. H. Jones, Coroner, M. D......, 19..... (Address) Graham 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 ~~Intentional~~. (See reverse side for addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Ebenezer Cemetery9-15, 33

20 UNDERTAKER

ADDRESS

E. J. AndersonCentral City

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. Do that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.