

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.

Form V. S. 1-A-75m-3-30-32

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20858

File No.

Registered No. 76

1. PLACE OF DEATH
County Muhlenberg
Vot. Prec. North Central City Registration District No. 1087
Ino. Town _____ Primary Registration District No. 2435
City Central City (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary A Card
(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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) widowed
6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Joseph Card
6. DATE OF BIRTH 12/25/1859
7. AGE Years Months Days If LESS than 1 day hrs. or min.
74 8 24
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. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 31, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1934 to Aug. 24, 1934
I last saw her alive on Aug. 20, 1934 death is said to have occurred on the date stated above, at 9:40 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Apoplexy

Contributory causes of importance not related to principal cause:
Chronic Nephritis

Date of onset

12. BIRTHPLACE Ohio Co. Ky. near Harford
13. NAME Daniel Morris
14. BIRTHPLACE Virginia
15. MAIDEN NAME Sallie Jenkins
16. BIRTHPLACE Morgan Co. Ky.
17. INFORMANT Lillie A. Vick (Mrs Card)
(Address) Central City Ky.
18. BURIAL, CREMATION, OR REMOVAL
Place Harmon Date 8/25/1934
19. UNDERTAKER Arthur J. Massey
(Address) Central City Ky.
20. FILED 8/25, 1934 A. L. Blumgard
Registrar

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 _____
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. R. Walton, M. D.)
(Address) Central City, Ky.