

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24698

1 PLACE OF DEATH

County OhioVot. Pct. CeralesInc. Town RockportCity RockportRegistration District No. 1178Primary Registration District No. 6956

(No. _____ St. _____ Ward)

2 FULL NAME Eva Curtis

File No. _____

Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married Widowed
Widowed Divorced
(Write the word)6 DATE OF BIRTH Sept. 8, 1880
(Month) (Day) (Year)7 AGE 47 yrs. 1 mos. 2 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Mose Powell11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Elizabeth Stearna13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jeff Curtis
(Address) Rockport Ky15 Filed 10-11-1933 G. L. Ewling
Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH Oct. 9, 1933
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1933, to Oct. 9, 1933,that I last saw h.er alive on Oct. 7, 1933, and that death occurred on the date stated above at 2 P.M.

The CAUSE OF DEATH* was as follows:

Intentional Poisoning
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) Willard Lake, M. D.
10/7, 1933 (Address) 14th Henry Ky

*State the Disease Causing Death, or, in deaths from violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, _____

if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Love StarDATE OF BURIAL Oct. 9, 193320 UNDERTAKER Chas. ChinnADDRESS M^{rs} Henry 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 full, so that it may be properly classified. See instructions on back of certificate. VERY IMPORTANT.