

19978

Form V. S. 1-A-50m-6-17-31

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

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

1. PLACE OF DEATH

County Muhlenberg

CERTIFICATE OF DEATH

Registered No. 5

Vot. Pot. Paradise

Registration District No. 1089

Ino. Town \_\_\_\_\_

Primary Registration District No. 6823

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Anthouline Davenport

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Widowed

21. DATE OF DEATH Aug 4, 1932

5a. If married, widowed, or divorced (or) WIFE of William Davenport

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to Aug. 4, 1932  
I last saw her alive on Aug. 4, 1932, death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH July 20 1854

Dysentery

7. AGE Year 78 Months \_\_\_\_\_ Days 16 If LESS than 1 day ..... hrs. or ..... min.

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

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

12. BIRTHPLACE Ky.

13. NAME Berry Furgerson

14. BIRTHPLACE Va.

15. MAIDEN NAME Elizabeth Duvall

16. BIRTHPLACE Ky.

17. INFORMANT Garnett Davenport  
(Address) C. C. P. 70 H 2

18. BURIAL, COEMAN, OR REMOVAL  
Place Seas 8-5-32

19. UNDERTAKER Wm. H. Mosley  
(Address) Central City, Ky.

20. FILED 7-5-32 Martha R. Fox  
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 \_\_\_\_\_ 19\_\_\_\_  
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) John P. Walton, M. D.  
(Address) Central City, Ky.

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.