

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.

Form V. B. 1-4
 DEPARTMENT OF COMMERCE
 Bureau of the Census

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Serial No. 28082
 State File No. _____
 Registrar's No. 302

Registration District No. 1185 Primary Registration District No. 2435

1. PLACE OF DEATH:
 (a) County Muhlenberg
 (b) City or town Central City Ky.
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ky. County Muhlenberg
 (b) City or town Central City Ky.
 (c) Street No. _____
 (If rural give precinct)
 (d) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Stella Maude Day
 3(b) If veteran, _____ 3(c) Social Security _____
 Name of _____
 4(a) Female 4(b) White 4(c) Married
 6(a) Name of husband or wife Jimmie Day
 6(b) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept 24 - 1885
 (Month) (Day) (Year)
 8. AGE: 58 Male _____ Female _____
 If less than one day in _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH Dec 6 1943
 21. I hereby certify that I attended the deceased from 11-1-1943
 to 12-4-43 1943, that I last saw him alive on
12-4-43 1943, and that death occurred on the date
 stated above at 10:30 P. M.
 Immediate cause of death Myocarditis

Immediate cause of death	DURATION
<u>Myocarditis</u>	
Due to <u>Myocarditis</u>	
Other conditions _____ (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>93 D-132</u>	
Of autopsy <u>93 D-132</u>	

9. Birthplace: Warren Co., Ky.
 10. Usual occupation: Practical Nurse
 11. Industry or business:
 FATHER { 12. Name Robert F. Cole
 13. Birthplace Ky.
 MOTHER { 14. Maiden name Alice
 15. Birthplace Ky.
 16(a) Informant's own name Jimmie Dee Day
 (b) Address Central City, Ky.
 17. BURIAL, CREMATION, OR REMOVAL
Burial Dec 7, 1943
 18(a) Signature of funeral director Funeral Home
Central City, Ky.
 (b) Address _____
 19(a) December 7, 1943 (Date received by local registrar)
 (b) Anna R. Ward (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? In or about home, on farm, in industrial place, in public place?
 (Specify type of place) _____
 (d) While at work? _____ (e) Means of injury _____
 23. Signature A. H. Crowder
 (M. D. or other) _____
 Address Central City, Ky. Date signed 12-6-43