

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

File No. ....  
Registered No. 85

Form V. S. 1-A

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. ....

Registration District No. 1087

Inn. Town Central City Ky

Primary Registration District No. 2435

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

2. FULL NAME

Jessy Lad Dennis

(a) Residence, No. .... (Usual place of abode)

St. .... Ward .... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. .... (If foreign birth? yrs. mos. ds.)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH Aug 22 - 1935

7. AGE Years Months Days 1 1/2 If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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 Zebe Dennis

14. BIRTHPLACE Ky

15. MAIDEN NAME Doffney Ralph

16. BIRTHPLACE Ky

17. INFORMANT Zebe Dennis

(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Bourmont Cem Date Aug 24, 1935

19. UNDERTAKER Arthur L. Waring

(Address) Central City Ky

20. FILED 8/24, 1935 A. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 23<sup>rd</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-22, 1935 to 8-23, 1935. I last saw her alive on 8-22, 1935, death is said to have occurred on the date stated above, at 9 P m. The principal cause of death and related causes of importance in order of onset were as follows:

Some head injury during birth  
1608

Date of onset

at birth

Contributory causes of importance not related to principal cause:

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) J. Stutzman, M. D.

(Address) Central City Ky

(Address) .....

MARGIN RESERVED FOR BINDING

Every item of information furnished should state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

WRITING PLAINLY, UNFADING INK—This is a PERMANENT RECORD. PHYSICIAN should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION is very important. See instructions on back of certificate.