

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

4810

County Mitchell File No.
 Vol. No. Powderly Registration District No. 1099 Registered No.
 Inc. Town Primary Registration District No. 824
 City (No. St., Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. N. S. Doss
 (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 Female 4 COLOR OR RACE white 5 Single widowed
 Married widowed
 or Divorced
 (Write the word)
 5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of
 6 DATE OF BIRTH
 (Month) (Day) (Year)
 7 AGE 24 yrs. mos. ds. IF LESS than 1
 day hrs.
 or min?
 8 OCCUPATION OF DECEASED
 (a) Trade, profession or
 particular kind of work at home
 (b) General nature of industry,
 business or establishment in
 which employed (or employer)

9 BIRTHPLACE (city or town) All
 (State or country)
 10 NAME OF FATHER Paul Tooley
 11 BIRTHPLACE OF FATHER (city or town) Don't know
 (State or country)
 12 MAIDEN NAME OF MOTHER Miss Adcock
 13 BIRTHPLACE OF MOTHER (city or town) Don't know
 (State or country)

14 (Informant) Edgar Doss
 (Address) Powderly 24

15 2/2/28 19
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1928
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
 from Feb 12, 1928, to Feb 12, 1928,
 that I last saw h^e alive on Feb 12, 1928
 and that death occurred on the date stated above at 9 A.M.
 The CAUSE OF DEATH* was as follows:

Nephritis
 (Duration) yrs. mos. ds.
 Contributory (Secondary) Senility
 (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
 If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) G. S. Crowder M. D.
215, 1928 (Address) Central City 14

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Withers B.G. DATE OF BURIAL Feb 13, 1928

20 UNDERTAKER M B McDonald ADDRESS Greenwell

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—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.

SEARCHED INDEXED FOR DEATHS