

Form V. & 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13212

File No. _____

1. PLACE OF DEATH

County MuhlenbergVet. Post East CollegeRegistration District No. 1093Primary Registration District No. 2436Registered No. 40City Summitville, Ky.(No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Jessie Woodburn Duke(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 M 4. COLOR W 5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH Jan 20, 19337. AGE 2 4 9 If LESS than
1 day.....hrs.
or.....min.OCCUPATION
8. Trade, profession, or particular
kind of work done, as spinner,
sewer, 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
occupation12. BIRTHPLACE Ky.FATHER 13. NAME Pascal Duke14. BIRTHPLACE Ky.MOTHER 15. MAIDEN NAME Margaret Hamilton16. BIRTHPLACE Ky.17. INFORMANT Pascal Duke(Address) Summitville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place St. P. Church Date 5/28, 193519. UNDERTAKER Summitville Funeral Home(Address) Summitville, Ky.20. FILED 5-28 1935 R.P. Chalker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27, 193522. I HEREBY CERTIFY, that I attended deceased from
_____ 19____ to _____ 19____I last saw h. _____ alive on _____ 19____, at _____
to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance
in order of onset were as follows:meningitis
not cleared
from GlasgowDate of
onsetContributory causes of importance not related to
principal cause:ColdName 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. C. Woodburn, M. D.(Address) Summitville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, AND UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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.