

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23153

1 PLACE OF DEATH

County MadisonFile No. 36Vol. Pat. _____ Registration District No. 1085Registered No. 256Inc. Town Greenwell Primary Registration District No. 434City Hospital 015 (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nannie P. English(a) Residence. No. Drakeford 154 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 Married
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of Jack English
(or) WIFE of _____6 DATE OF BIRTH Oct-10-89
(Month) (Day) (Year)7 AGE 52 yrs. 0 mos. 13 ds. IF LESS than 1
day ____ hrs.
or ____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Togon Co Ky
(State or country)PARENTS
10 NAME OF FATHER Thomas Sanders
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) _____
12 MAIDEN NAME OF MOTHER Ann F. Kallins
13 BIRTHPLACE OF MOTHER (city or town) Togon Co Ky
(State or country)14 (Informant) Eric Johnson
(Address) Drakeford15 Filed 10-24-43 Jane B. Lauer
Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10-22-43
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____.that I last saw him alive on _____, 19____,
and that death occurred on the date stated above at 5:55 p.m.The CAUSE OF DEATH* was as follows:
Cause of return cough
Membrane acute & deep(Duration) 9 yrs. mos. ds.
Contributory Forced Co of Camp
(Secondary) (Cancer)
(Duration) 4 yrs. mos. ds.18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____Did an operation precede death? yes Date of RobinsonWas there an autopsy? 1942

What test confirmed diagnosis? _____

(Signed) [Signature], M. D.
_____, 19____ (Address) Greenwell, Ky

*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 Rochester 17 DATE OF BURIAL 10-24-4320 UNDERTAKER Kimmel Funeral Home ADDRESS Drakeford
Madison manager

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

N. 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.