

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 13214Registered No. 42

1. PLACE OF DEATH

County MuhlenbergVot. P. CarrolltonRegistration District No. 1093Inq. Town Greenwell Ky.Primary Registration District No. 6832City Greenwell Ky.St. _____ Ward _____
If death occurred in a hospital or institution, give its NAME instead of street and number2. FULL NAME Willard Farmer(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 F 4. COLOR OR HAIR W 5. Single, Married, Widowed or Divorced (write the word)

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

6. DATE OF BIRTH May 29, 19357. AGE Stillborn Years _____ Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, 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 occupation

12. BIRTHPLACE Ky.13. NAME Willard Farmer14. BIRTHPLACE Ky.15. MAIDEN NAME Maryling Paddy16. BIRTHPLACE Ky.17. INFORMANT Willard Farmer(Address) Greenwell Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Field Date 7/29/3519. UNDERTAKER Greenwell Mortuary(Address) Greenwell Ky.20. FILED 5-29, 1935 R.P. Coyle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillborn, 193522. I HEREBY CERTIFY, That I attended deceased from May 29, 1935 to May 29, 1935I last saw him alive on May 29, 1935, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:stillborn Date of onsetDeformed
no eye

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. C. Woodburn, M. D.(Address) Greenwell Ky.

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.