

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

12383

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. _____
Inc. Town _____
City Greenville Ky.

Registration District No. 11
Primary Registration District No. 125

File No. _____
Registered No. _____

(If death occurred in a hospital or institution, give its NAME, St., Ward, and address) (If non-resident, give city or town and State)

2. FULL NAME Rachel Fisher
(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If non-resident, 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 Negro 5. Single, Married, Widowed or Divorced (write the word) widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Don't know
6. DATE OF BIRTH _____
7. AGE 120 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. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH April 26th, 1933
22. I HEREBY CERTIFY, That I attended deceased from 1-2, 1933 to 4-24, 1933
I last saw her alive on 1-2, 1933, 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:
Semipr
Bronch pneumonia
Date of onset _____
Contributory causes of importance not related to principal cause: _____

12. BIRTHPLACE _____
13. NAME _____
14. BIRTHPLACE _____
15. MAIDEN NAME _____
16. BIRTHPLACE _____

Name of operation none 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? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury _____

INFORMANT John Henry Parks
(Address) _____
18. BURIAL, CREMATION, OR REMOVAL
Place Greenville Ky Date April 26 1933
19. UNDERTAKER E. S. P. Smith
(Address) Greenville Kentucky
20. FILED 5-11, 1933

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____
(Signed) Keith L. Simpson, M. D.
1280 (Address) Dumsville, 1 day
6-14-33

Every item of information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be carefully supplied in plain terms, so that it may be properly classified.

DELAY