

Form V. S. 1-A

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22218

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**COMMONWEALTH OF KENTUCKY**  
Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2. PLACE OF DEATH**County MuhlenbergVot. Prec. 2

Inc. Town \_\_\_\_\_

City Dunmore KyRegistration District No. 1090Primary Registration District No. 2489(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)**2. FULL NAME** Artis Fitzhugh(a) Residence, No. Dunmore 14 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 26 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, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of L. J. Fitzhugh6. DATE OF BIRTH Sept-13, 19107. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
26 10 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) aug-1934 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Logan Co Ky13. NAME Gene Edwillo14. BIRTHPLACE Muhlenberg Co Ky15. MAIDEN NAME Nannie Wagner16. BIRTHPLACE Logan Co Ky17. INFORMANT Gene Edwillo(Address) Dunmore Ky**18. BURIAL, CREMATION, OR REMOVAL**Place Dunmore Ky Date 8-9, 193719. UNDERTAKER Drakeboro(Address) Drakeboro Ky20. FILED Aug 17 1937 Drakeboro**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH August 8, 193722. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1937 to Aug 1, 1937I last saw her alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 9 m. The principal cause of death and related causes of importance in order of onset were as follows:Chronic Interstitial Nephritis 1936

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? ✓ date of injury 1937  
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? no If so, specify \_\_\_\_\_(Signed) Ganselbrun, M. D.(Address) Morewell, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITION 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.