

## 1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 23825  
Registered No. 62County MuhlenbergVot. Pct. Central CityRegistration District No. 1087

Inc. Town

Primary Registration District No. 2435

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mrs. Sallie C. Ford(a) Residence. No. 404 Sixth

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White American 5 Single Married  
Married Married  
Widowed  
Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of J. J. Ford.6 DATE OF BIRTH January 10th. 1863.  
(Month) (Day) (Year)

7 AGE

64 yrs. 8 mos. 23 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) near Bremen, Ky.  
(State or country)

PARENTS	10 NAME OF FATHER	<u>Felix Nall.</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country)	<u>Muhlenberg Co.</u>
	12 MAIDEN NAME OF MOTHER	<u>Mary E. Shaver.</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	<u>Virginia</u>

14 (Informant) R. M. Wright  
(Address) Central City, Ky.15 Filled 10/3, 1927 by H. L. Blagden  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 - 3, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from 4 5, 1927, to 10 3, 1927,  
that I last saw him alive on 10 1, 1927,  
and that death occurred on the date stated above at 34 m.  
THE CAUSE OF DEATH\* was as follows:Cancer of liverContributory (Secondary) \_\_\_\_\_  
(Duration) 2 yrs. mos. ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? no

What test confirmed diagnosis? \_\_\_\_\_

(Signed) T. H. Jones, M. D.  
10 2, 1927 (Address) Central City, 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 Bremen, Ky. DATE OF BURIAL October 4, 19 27.20 UNDERTAKER J. B. Tucker. ADDRESS Bremen, Ky.WRITE PLAINLY "WITH UNFADING INK"—THIS IS A PERMANENT RECORD  
MAY BE KEPT FOR EVIDENCE  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.