

10251

Form V. S. 1-B-50m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS

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

## 1 PLACE OF DEATH

County Mitchell

## CERTIFICATE OF DEATH

Registered No. 9Vet. Pct. Lawrence Registration District No. 1084Ino. Town R1 Primary Registration District No. 6815City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Rodcal Farlow(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. New long in U. S. if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

7. AGE 62 Years 11/2 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than  
1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) 1713. NAME J. A. Farlow14. BIRTHPLACE (city or town) (State or country) 1715. MAIDEN NAME Ruth Seeger16. BIRTHPLACE (city or town) (State or country) 1717. INFORMANT (Address) John Farlow18. BURIAL, CREMATION, OR REMOVAL Place Carly Date 4/7, 1934

19. UNDERTAKER (Address) \_\_\_\_\_

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 4/7/3422. I HEREBY CERTIFY, That I attended (deceased from) Jan 1, 1929 to April 5, 1934. I last saw him alive on April 5, 1934. Death is said to have occurred on the date stated above, at 3:45 p. m. The principal cause of death and related causes of importance in order of onset were as follows:Ischemic Range

Date of onset

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) Lexington, Ky

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. 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.

cc / 3822 / 11-2-34