

## 1 PLACE OF DEATH

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26282

County Middlebury

File No. ....

Vot. Pct. .... Registration District No. 1087Registered No. 80Inc. Town Central City Ky Primary Registration District No. 235

City ..... (No. .... St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Randolph W. Szymura

(a) Residence. No. .... 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 Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

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

6 DATE OF BIRTH July 20 1848 (Month) (Day) (Year)7 AGE 19 yrs. 3 mos. 20 ds. IF LESS than 1 day .... hrs. or .... min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Medical Doctor  
(b) General nature of industry, business or establishment in which employed (or employer) Retired9 BIRTHPLACE (city or town) (State or country) Kentucky10 NAME OF FATHER John Szymura11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky12 MAIDEN NAME OF MOTHER Leticia Barber13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky14 (Informant) Mrs. Leta Szymura(Address) Central City15 Filed 11-12, 1927 A. P. Blandford Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 14 19 27 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927, to Nov 14, 1927, that I last saw her alive on Nov 11, 1927, and that death occurred on the date stated above at 10 m.The CAUSE OF DEATH\* was as follows Chronic Infectious Neoplasm

Contributory (Secondary) (Duration) .... yrs. .... mos. .... ds.

18 WHERE WAS DISEASE CONTRACTED (Duration) .... yrs. .... mos. .... ds.

If not at place of death? .....

Did an operation precede death? no Date of .....Was there an autopsy? no

What test confirmed diagnosis? .....

(Signed) Lucy Szymura, M. D. Nov 12, 1927 (Address) Central City

\*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 DATE OF BURIAL

Pateraville Ky Nov 12th, 1927

20 UNDERTAKER ADDRESS

Co of Anderson Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information at the top of this certificate 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 Element of OCCUPATION is very important. See instructions on back of certificate.

MAKING REPRODUCED FOR RECORDS