

7704

Form V. S. 1-B-100m-9-9-30

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

File No. _____

1 PLACE OF DEATH

County Muhlenberg

Registered No. 6

Vot. Pct. Bremen

Registration District No. 1086

Inc. Town _____

Primary Registration District No. 2869

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

DELAY

2 FULL NAME Samuel Garrett

(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 Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Jan 14 - 1884

7. AGE Years 40 Months 1 Days 9 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, saw mill, bank, etc. Farmer

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) Ky

13. NAME Samuel Garrett

14. BIRTHPLACE (city or town) _____ (State or country) Va.

15. MAIDEN NAME Salma Whitner

16. BIRTHPLACE (city or town) _____ (State or country) Ky

17. INFORMANT W. M. Miller (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Shelby Chapel Date 2/28, 1933

19. UNDERTAKER J. Whitner (Address) _____

20. FILED Mar 6, 1933 Dollie Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-2-33, 1933 to 2-20-33, 1933

I last saw him alive on 2-2-33, 1933, death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Ca of Stomach
Intoxication

Date of onset 20 yrs. ag.

Contributory causes of importance not related to principal cause:

Generalized arterio-sclerosis

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 _____ 1933

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) Paul Caywood M. D.
Sacramento, Ky (Address)

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.