

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

14533

File No.

Registered No.

## 1. PLACE OF DEATH

County

Vet. Pct.

Inc. Town

City

Registration District No.

Primary Registration District No.

(No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence. No. 2517 W Magazine St., Ward

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. Single, Married, Widowed  
or Divorced (write the word)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH

7. AGE

Years  
51

Months

Days

If LESS than  
1 day ..... hrs.  
or ..... min.

OCCUPATION

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,  
sawmill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE

13. NAME

14. BIRTHPLACE

15. MAIDEN NAME

16. BIRTHPLACE

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

JUN 5 1934

Registrar,

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 3<sup>rd</sup>, 193422. I HEREBY CERTIFY, That I attended deceased from  
act- 1933 to June 3, 1934I last saw her alive on 6-2<sup>nd</sup>, 1934 death is said  
to have occurred on the date stated above, at 8 a. m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:

Apoplexy

Date of  
onsetSept  
1933Contributory 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)

W. D. Locke

M. D.

(Address)

Louisville, Ky.

6-10-34

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, 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.