

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

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

File No. _____

1 PLACE OF DEATH

County Muhlenberg

Registered No. 7

Vet. Pat. _____ Registration District No. 1086

Inn. Town Bremen 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)

2 FULL NAME Susantha J. Grundy

(a) Residence. No. _____ 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. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of W.C. Grundy
6. DATE OF BIRTH (month, day, and year) _____
7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 9, 1931
22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1931 to Mar 9, 1931
I last saw him live on Mar 9, 1931, death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Paralysis of Right Side
Date of onset 2/18/31
82
Contributory causes of importance not related to principal cause: _____

OCCUPATION

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country) NY
13. NAME Orew Eades
14. BIRTHPLACE (city or town) (State or country) NY
15. MAIDEN NAME Nannie Ellison
16. BIRTHPLACE (city or town) (State or country) NY
17. INFORMANT Edgar Grundy (Address) Greensville NY
18. BURIAL, CREMATION, OR REMOVAL Place Burial Date 3/11, 1931
19. UNDERTAKER J.P. Tucker (Address) Bremen NY
20. FILED _____, 19 _____

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) Charles Woodburn, M. D. (Address) Centerville NY

Registrar.

Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.