

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

22536

1 TRACE OF DEATH
County Muhlenberg
Vot. Prec. Hillside Registration District No. 1093
Ina. Town..... Primary Registration District No.....
City..... (No..... St.,..... Ward)
(If death occurred in a hospital or institution, give its Name instead of street and number)

2 FULL NAME Rena Guy
(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 Female 4 COLOR OR RACE White 5 Single Married
Married Widowed
Widowed
or Divorced
(Write the word)

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

6 DATE OF BIRTH.....
(Month) (Day) (Year)

7 AGE 38 yrs. mos. ds. IF LESS than 1
day..... hrs
or..... min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (city or town) Creston Ky
(State or country)

PARENTS
10 NAME OF FATHER Milford Estess
11 BIRTHPLACE OF FATHER (city or town).....
(State or country)
12 MAIDEN NAME OF MOTHER.....
13 BIRTHPLACE OF MOTHER (city or town).....
(State or country)

14 (Informant) Ruby Johnson
(Address) Hillside 24

15 Filed 8-10, 1929 C. B. Wickliffe
By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from June 1, 1929, to July 1, 1929,
that I last saw him alive on....., 19.....,
and that death occurred on the date stated above at 2 A. m.
The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 2 yrs. mos. ds.
Contributory Hemiplegia
(Secondary)
(Duration)..... yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) J. C. Woodburn, M. D.

....., 19..... (Address) Lugan Ky

*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

Creston Ky July 21, 1929

20 UNDERTAKER ADDRESS

M. B. McDonald Greenleaf

SEARCHED INDEXED FOR RECORDS

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.