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Form V. S. 1-A-57m-11-1-29

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

File No. _____

Registered No. _____

1 PLACE OF DEATH

County Muhlb.

Vet. Pat. L. Carrollton

Registration District No. 1085

Inc. Town _____

Primary Registration District No. 2439

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

2 FULL NAME Margaret Hampton

(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. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE B. 5. Single, Married, Widowed or Divorced (write the word) Single

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

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or 12 min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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 _____

12. BIRTHPLACE (city or town) Carrollton Ky.
(State or country)

13. NAME Clara Hampton

14. BIRTHPLACE (city or town) Carrollton Ky.
(State or country)

15. MAIDEN NAME Pauline Shrewsbury

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

17. INFORMANT Pauline Shrewsbury
(Address) Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place Family Plot Date 11/21, 1935

19. UNDERTAKEN Family
(Address) _____

20. FILED Nov-3, 1935 Ms. G. C. Hooper
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) _____, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1935 to 11-1, 1935

I last saw her alive on 11-1, 1935, death is said to have occurred on the date stated above, at 3:45 P. M.

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

Aphyxia, Pneumonia Date of onset 11-1-35

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1935

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

(Signed) U. S. Carter, M. D.
(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WITH LEADING 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.