

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 38

1. PLACE OF DEATH
County Mitchell
Vot. Pct. W 5
Inc. Town Drakesboro

Registration District No. 1085
Primary Registration District No. 2437

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

2. FULL NAME Sallie M. Haney

(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 W 5. Single, Married, Widowed or Divorced (write the word) Widowed

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

6. DATE OF BIRTH Not Known

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
73

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 Butler Co Ky.

13. NAME Lee Phelps

14. BIRTHPLACE Ky.

15. MAIDEN NAME Not Known

16. BIRTHPLACE Ky.

17. INFORMANT Chas. Haney
(Address) Drakesboro Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Winchell Bluff 11-19-37

19. UNDERTAKER J. Kimmel
(Address) Drakesboro Ky

20. FILED 11-18-1937 J. Kimmel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
I last saw her alive on 11-18-37 death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis Date of onset _____

Contributory 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 _____
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) Loring Bryan Carnes, M. D.
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

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.