

File No. 7702Registered No. 24

## 1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. \_\_\_\_\_

Ino. Town Central CityRegistration District No. 1087Primary Registration District No. 2/35

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Eva Hargrove

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_

Ward \_\_\_\_\_

(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)Femalewhitemarried6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH Dec 25 - 1882

7. AGE

Years

Months

Day

If LESS than  
1 day ..... hrs.  
or ..... min.502188. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. ....at home9. 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 Muhlenberg Co. Ky13. NAME Brown14. BIRTHPLACE Ind15. MAIDEN NAME Walt - Meow

16. BIRTHPLACE \_\_\_\_\_

17. INFORMANT Robert M. Taylor(Address) Greenwell St. Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Coleman Co. Mo. Date Feb. 14, 193319. UNDERTAKER M. B. McDonald & Co.(Address) Greenwell St. Greenville Ky20. FILED Feb. 14, 1933

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 13, 193322. I HEREBY CERTIFY, That I attended deceased from  
me 13, 1933 to me 13, 1933I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, death is said  
to have occurred on the date stated above, at 30 m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:ApoplexyContributory causes of importance not related to  
principal cause:Date of  
onset

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? no If so, specify \_\_\_\_\_(Signed) B. G. Arcabata, M. D.(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

Every item of information on this certificate should be carefully supplied. **PLAIN INK—THIS IS A PERMANENT RECORD.** PHYSICIANS AND STATE CAUSE OF DEATH INSTRUCTIONS ON BACK OF CERTIFICATE.

**N. B. WRITE PLAINLY, WITH PLAIN INK—THIS IS A PERMANENT RECORD.** PHYSICIANS AND STATE CAUSE OF DEATH INSTRUCTIONS ON BACK OF CERTIFICATE.