

1. PLACE OF DEATH

County MuhlenbergVet. Pct. Burns

Ino. Town _____

City _____

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 890Primary Registration District No. 2439

File No. _____

Registered No. _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Fannie Sue Harmon(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) _____

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

6. DATE OF BIRTH Aug 4, 19327. AGE Years 1 Months 10 Days 16 If LESS than 1 day hrs. or min.

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 Muhlenberg Co Ky13. NAME W. T. Harmon14. BIRTHPLACE Webster Co Ky15. MAIDEN NAME Sarah Boyd16. BIRTHPLACE Lyon Co Ky17. INFORMANT W. T. Harmon(Address) Burns Ky

18. BURIAL, CREMATION, OR REMOVAL

Place 1. 1st St. Date July 20, 193319. UNDERTAKER H. C. Hayward(Address) Lewisburg Ky20. FILED June 21, 1933Register. Mrs. B. G. Pray

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 20, 193322. I HEREBY CERTIFY, That I attended deceased from May 31, 1933 to June 20, 1933I last saw him alive on May 31, 1933 death is said to have occurred on the date stated above, at 2 A.M. The principal cause of death and related causes of importance in order of onset were as follows:Cholera Infantum Date of onset May 20, 1933

Contributory causes of importance not related to principal cause: _____

Name of operation None Date of NoneWhat test confirmed diagnosis? Symptoms only Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes 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. No injuryManner of injury No injuryNature of injury None24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) H. D. Newman, M. D.(Address) Drakesboro KyDR. H. D. NEWMAN,
DRAKESBORO, KY.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.