

23984

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

File No. _____

Registered No. _____

1 PLACE OF DEATHCounty MurderburgVet. Pct. Brush CreekRegistration District No. 0170/092

Ins. Town _____

Primary Registration District No. 6827

City _____

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)**2 FULL NAME** Bertie Fay Harper(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 <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>In Jan</u> Widowed or Divorced (Write the word)
------------------------	---------------------------------	---

6a If married, widowed, or divorced
HUSBAND OF
(or) **WIFE OF**

7 DATE OF BIRTH April 21 1935
(Month) (Day) (Year)8 AGE
yrs. 4 mos. 10 ds.
IF LESS than 1 day _____ hrs. or _____ min?**9 OCCUPATION OF DECEASED**(a) Trade, profession or particular kind of work. Y
(b) General nature of industry, business or establishment in which employed (or employer).10 BIRTHPLACE (city or town) Murderburg Co
(State or country)**PARENTS**11 NAME OF FATHER Charlie Estel Harper12 BIRTHPLACE OF FATHER (city or town) Todd Co
(State or country)13 MAIDEN NAME OF MOTHER Beatrice Graham14 BIRTHPLACE OF MOTHER (city or town) Murderburg
(State or country)15 (Informant) Charlie Estel Harper
(Address) Brush Creek Rv16 Filed 10/4 1935 Victor J. Jones
Registrar**MEDICAL CERTIFICATE OF DEATH**18 DATE OF DEATH Aug 31 1935
(Month) (Day) (Year)19 I HEREBY CERTIFY, That I attended deceased from Aug 30 1935 to Aug 31 1935 that I last saw her alive on Aug 31 1935 and that death occurred on the date stated above at 6:50 a.m. The CAUSE OF DEATH* was as follows:
acute arthritis

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

20 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) W. R. Kershaw, M. D.Aug 31 1935 (Address) Brush Creek Rv

*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.)

21 PLACE OF BURIAL OR REMOVAL Evansville DATE OF BURIAL Sept 1 193522 UNDERTAKER W. R. Kershaw ADDRESS Brush Creek Rv

WRITE PLAIN 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.
SEARCH EXPEDITED FOR INDEXING