

CERTIFICATE OF DEATH

30855

PLACE OF DEATH
County Franklin Registration District No. 872
Vol. Pat. #5
Inc. Town Drakesboro Ky Primary Registration District No. 2457
City Drakesboro Ky (No. 1 St., 1 Ward)
FULL NAME Sallie Artelia Heltsley

File No.
Registered No. 40
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Female
2 COLOR OR RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Jan 17, 1871
(Month) (Day) (Year)
7 AGE 48 yrs. 10 mos. 13 ds.
IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)

15 DATE OF DEATH Nov 30, 1919
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1919, to Nov 30, 1919, that I last saw her alive on Nov 30, 1919, and that death occurred on the date stated above at 10:30 am. The CAUSE OF DEATH* was as follows:

Hemi plegia (left side affecting swallowing)
(Duration) ... yrs. ... mos. 6 ds.
Contributory Natural Regurgitation (SECONDARY)
(Duration) 3 yrs. ... mos. ... ds.
(Signed) A. D. Meysman, M. D.
Nov 30, 1919 (Address) Drakesboro Ky

9 BIRTHPLACE (State or county) Greenville Ky
10 NAME OF FATHER Martin Marshall
11 BIRTHPLACE OF FATHER (State or county) Kentucky
12 MAIDEN NAME OF MOTHER Florenda Board
13 BIRTHPLACE OF MOTHER (State or county) Kentucky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. W. Dexter
(Address) Central City Ky

19 PLACE OF BURIAL OR REMOVAL Central City Ky
DATE OF BURIAL 12/1, 1919
20 UNDERTAKER Martin Moore
ADDRESS Central City Ky

15 Filed 11/30, 1919
REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.