

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

31952

County

1 PLACE OF DEATH

Vot. Pot.

Registration District No.

File No.

Registered No.

Inc. Town

Primary Registration District No.

City

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

2 FULL NAME

(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

4 COLOR OR RACE

5 Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month)

(Day)

1

(Year)

7 AGE

IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work.(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town)
(State or country)

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER (city or town)
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER (city or town)
(State or country)

14

(Informant)

15

Filed

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

(Month)

(Day)

(Year)

17

I HEREBY CERTIFY, That I attended deceased
from Dec. 17, 1934, to Dec. 30, 1934.

that I last saw him alive on Dec. 27, 1934.

and that death occurred on the date stated above at 12:30 AM
The CAUSE OF DEATH* was as follows:

Coronary artery

99

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

Contributory arteriosclerosis
(Secondary)

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

18 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) J. R. Walton, M. D.

Jan 1, 1935 (Address) Central City Ky.

*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 addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

South Carrollton Ky

Dec 31, 1934

20 UNDER TAKER

ADDRESS

J. B. Tucker

Bremen Ky.

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.

MAKING REMOVED FOR INDEXING