

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. 562

## 1. PLACE OF DEATH

County Darwin

Vot. Pot. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City OwenstonRegistration District No. H10Primary Registration District No. 2145(No. City Darwin)

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mr. Nathan Hope(a) Residence. No. \_\_\_\_\_  
(Usual place of abode)

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

Ward F.M. Owenston City

(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

M

4. COLOR OR RACE

W5. Single, Married, Widowed  
or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of French Hope

6. DATE OF BIRTH

May

7. AGE

Years

Months

Days

If LESS than  
1 day.....hrs.  
or.....min.57

OCCUPATION

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

Logan Co. Ky.

FATHER

13. NAME

Charles Newman

MOTHER

14. BIRTHPLACE

Ky.

15. MAIDEN NAME

Wilson

16. BIRTHPLACE

17. INFORMANT

(Address)

J. M. Hope  
1420 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Darwin

Date

Dec 21st1935

19. UNDERTAKER

(Address)

Deebley J. Hoffman  
420 Allen St.

20. FILED

12-211935

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec - 21, 193522. I HEREBY CERTIFY, That I attended deceased from  
Dec 18, 1935 to Dec 20, 1935I last saw her alive on Dec 20, 1935, death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Meningitis: Cerebral (Septic)  
caused by StaphylococcusDate of  
onsetContributory causes of importance not related to  
principal cause:middle ear infection. Otitis media  
Influenza, Staphylococcus aureusName of operation Spinal Inf. Date of \_\_\_\_\_What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. 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 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? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed)

David Blankens

, M. D.

(Address)

Owenston, Ky

N. B. WRITE PLAINLY, WITH 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.