21718

Form V. S. 1-A—50m—11-1-29

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

File No. ______

Registered No. ______

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. C Hause

Inc. Town ______

City ______

Registration District No. 1093

Primary Registration District No. 6830

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

2 FULL NAME Stillborn

(a) Residence. No. ______ St., ______ Ward ______ (If nonresident, give city or town and State)
(Usual place of abode)

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, and year) ______

7. AGE	Years	Months	Days	If LESS than 1 day ______ hrs. or ______ min.

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, saw mill, bank, etc. ______

10. Date deceased last worked at this occupation (month and year) ______ 11. Total time (years) spent in this occupation ______

12. BIRTHPLACE (city or town) (State or country) Muh Co Ky

FATHER

13. NAME Ellis W. Hope

14. BIRTHPLACE (city or town) (State or country) Muh. Co Ky

MOTHER

15. MAIDEN NAME Irene Ford

16. BIRTHPLACE (city or town) (State or country) Muh Co Ky

17. INFORMANT ______
(Address) ______

18. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date Dec 31, 1930

19. UNDERTAKER M B McDonald
(Address) Greenville Ky

20. FILED 12-31, 1930 ______ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 31, 1930

22. I HEREBY CERTIFY, That I attended deceased from ______, 19___ to ______, 19___

I last saw h___ alive on ______, 19___, death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Premature Birth

Contributory causes of importance not related to principal cause:

Eclampsia

Name of operation ______ Date of ______

What test confirmed diagnosis? ______ Was there an autopsy? ______

23. 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 city or town, county, and State)

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) E L Yates, M. D.

(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

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. 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.