

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20561

File No. ~~20561~~

Registered No. 48

County Jones
 City London
 Reg. District No. 1087
 Ina. Town _____
 Primary Reg. District No. 2435

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

2 FULL NAME Ballie E. Humphrey(a) Residence. No. _____ St., _____ Ward.
(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 Female 4 COLOR OR RACE White 5 Single Married
 Married
 Widowed
 or Divorced
 (Write the word)

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH May 10th 1858
(Month) (Day) (Year)7 AGE 73 yrs. 3 mos. 2 ds. IF LESS than 1
day _____ hrs
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town).
(State or country) Kentucky

PARENTS
 10 NAME OF FATHER Amos J. Humphrey
 11 BIRTHPLACE OF FATHER (city or town).
(State or country) Virginia
 12 MAIDEN NAME OF MOTHER Martha Welby
 13 BIRTHPLACE OF MOTHER (city or town).
(State or country) Virginia

14 (Informant) Jones I. Sisk
(Address) Greenville Ky15 Filed 8/13, 1931. A. L. Chandler
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 12th 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY that I attended deceased
from July 5, 1931, to Aug 12,
that I last saw her alive on Aug 12,
and that death occurred on the date stated above at 10:45 pm.
The CAUSE OF DEATH* was as follows:Coronary artery
sclerosis

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

Contributory (Secondary) _____

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

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? no Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Nancy J. Dealey, M. D.Aug 12 1931 (Address) London 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 additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. Mary's Catholic Cemetery20 UNDERTAKER E. J. Anderson ADDRESS London Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given 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.

EXAMINE CAREFULLY FOR ERRORS