

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

4837

## 1. PLACE OF DEATH

County MuhlenbergVot. Pct. C. House

Ino. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1003Primary 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 Alma J. Janssen(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced  
HUSBAND or (or) WIFE of Kit Janssen

6. DATE OF BIRTH

7. AGE Years Months Days IF LESS than  
46 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, sawmill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....12. BIRTHPLACE Ky.13. NAME L. M. Vanover14. BIRTHPLACE Ky.15. MAIDEN NAME Ida Earl16. BIRTHPLACE Ky.17. INFORMANT L. M. Vanover(Address) Greenville Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Ky. Date 1-15, 193419. UNDERTAKER M. B. McDonald & Co.(Address) Greenville Ky.20. FILED 1-15, 1934 Ch. Wickliffe  
Missell

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 11, 193422. I HEREBY CERTIFY, That I attended deceased from Dec, 1933 to Jan 31, 1934I last saw her alive on Jan 30 1934 death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:Utter Insufficiency

Date of onset

Contributory causes of importance not related to principal cause:

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. K. Galt, 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.