

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

1973

File No. _____

Registered No. 12

1. PLACE OF DEATH

County MuhlenbergVot. Prec. #5Ine. Town DrakeborskyRegistration District No. 1088Primary Registration District No. 6821City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Alice L. Jackson(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) widowed

6a. If married, widowed, or divorced (or) WIFE of _____

6. DATE OF BIRTH Feb. 18 19637. AGE Years 70 Months 6 Days 6 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horsewife

9. Industry or business in which work was done, as gink 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 Muhlenberg Co. Ky.13. NAME Jacob Heltaly14. BIRTHPLACE Muhlenberg Co. Ky.15. MAIDEN NAME Bethie E. Grace16. BIRTHPLACE Muhlenberg Co. Ky.17. INFORMANT J. W. Jackson(Address) Drakeborsky Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place E. Berger Date 8-25 193319. UNDERTAKER J. P. Kirmanuel(Address) Drakeborsky Ky.20. FILED 8-2, 1933 J. P. Kirmanuel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-24, 193322. I HEREBY CERTIFY That I attended deceased from 8-23, 1933 to 8-24, 1933I last saw h.e. alive on 8-25, 1933, 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:Uremic Comma Date of onset Year 1933

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 _____ If _____
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) J. H. Fitzhugh M. D.
(Address) Central City Ky

MARGIN RESERVED FOR INDEXING

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.