

19574

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 103

1. PLACE OF DEATH

County MuhlenbergVot. Pct. 12Registration District No. 1094Inc. Town BeverPrimary Registration District No. 6840City Bever

(No. _____ St. _____ Ward)

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

2. FULL NAME Connie Mae Jones(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 F 4. COLOR OR RACE W 5. Single, Married, Widowed
or Divorced (Write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH June 22 - 19377. AGE Years _____ Months 1 Days 2 If LESS than
1 day, hrs.
or min.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
occupation12. BIRTHPLACE Muhlenberg Ky13. NAME Marshall Jones14. BIRTHPLACE Ohio Co Ky15. MAIDEN NAME Mary Beegley16. BIRTHPLACE Ohio Co Ky17. INFORMANT Mary Jones(Address) Bever Ky

18. BURIAL, CREMATION, OR REMOVAL

Placed in Cemetery Jones Date 7/24/193719. UNDERTAKER J. Anderson(Address) Central City Ky20. FILED July 24 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____ to _____ 19____

I last saw him alive on _____ 19____. He was said
to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance
in order of onset were as follows:Premature Birth 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) Laurie Bryan(Address) Central City KyMARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.