Form V. S. 1-A

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

23104

File No.
Registered No. 79

1. PLACE OF DEATH

County Muhlenberg
Vot. Pct. Mercer
Inc. Town
City Near Hillside, Ky.

Registration District No. 1087
Primary Registration District No. 6843
(No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Vera Mary Jones

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident, give city, 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? mos. ds.

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH Feb 6. 1911

7. AGE Years 24 Months 5 Days 27 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, 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.

FATHER
13. NAME Tom Rice
14. BIRTHPLACE Ky.

MOTHER
15. MAIDEN NAME ? Crick
16. BIRTHPLACE Ky.

17. INFORMANT Tom Rice
(Address) Hillside Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Dorsey Date 8/4, 1935

19. UNDERTAKER Greenville Funeral Home
(Address) Greenville, Ky.

20. FILED 8/3, 1935 A. L. Blandford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935 to Jun 3, 1935
I last saw her alive on Jun 3, 1935 death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Tuberculosis Lungs and Bowels	
47	

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) J. C. Woodburn, M. D.
(Address) Greenville Ky

N. B. WRITE PLAINLY. WE CANNOT CONFADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

MARGIN RESERVED FOR BINDING