

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

File No. 7707Registered No. 21

1. PLACE OF DEATH

County Mitchell

Vot. Pat. _____

Inc. Town Central City

City _____

Registration District No. 1087Primary Registration District No. 2435(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME W. C. Fairfield(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. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH Aug 23rd 18707. AGE Years Months Days If LESS than 1 day hrs. or min.
62 07 228. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Retail Grocery10. Date deceased last worked at this occupation (month and year) 11/18/33 11. Total time (years) spent in this occupation 8 yrs12. BIRTHPLACE Kentucky13. NAME Unborn14. BIRTHPLACE Kentucky15. MAIDEN NAME Adeline M. Carter16. BIRTHPLACE Kentucky17. INFORMANT W. C. Fairfield(Address) Central City Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Garvey Cem. Date 3/19/193319. UNDERTAKER J. Anderson(Address) Central City Ky.20. FILED 3/18/33 1933 A. L. Blaine

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 17, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1931 to March 17, 1933I last saw him alive on March 16, 1933 death is said to have occurred on the date stated above, at 1:45 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:Atherosclerosis
apoplexy Central
age

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) J. H. Toyngh M. D.(Address) Central City Ky.

N. B. WRITE PLAINLY, WITH FADING 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.