Commonwealth of Kentucky Registered No. 3.5 lif death occurred in a hospital or institution, give its NAME instead of street and number. 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Year) (Day) IF LESS than 7 AGE I day . . . hrs. and that death occurred on the date stated or...min.? 8 OCCUPATION
(a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes state 12 MAIDEN NAME OF MOTHER 1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN-13 BIRTHPLACE OF MOTHER (State or country) At place In the of death .... yrs..... mos..... ds. State .... . yrs..... mos. Where was disease contracted, if not at place of death? ... Former or usual residence REGISTRAR 11-3184