

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

File No. _____
Registered No. 1333

1 PLACE OF DEATH
County Jefferson
Inc. Town _____
City Louisville

Registration District No. _____
Primary Registration District No. _____

2 FULL NAME Jessie Ann Lewis
(a) Residence, No. 2728 W. Madison St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. cs.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE B 5. Single, Married, Widowed or Divorced (write the word) widow
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
118 18 12 13 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Shenandoah Kentucky

13. NAME Lucinda Jube

14. BIRTHPLACE (city or town) (State or country) Greenfield Kentucky

15. MAIDEN NAME Lucinda

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) 2728 W. Madison St. Arthur Brand

18. BURIAL, CREMATION, OR REMOVAL Place Greenfield Ky Date April 4, 1930

19. UNDERTAKER (Address) Magnum Bowles 505 Roselane St

20. FILED _____, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 1, 1930 4-1-1930

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. _____ is said to have occurred on the date stated above, at 2:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Senility

Contributory causes of importance not related to principal cause: W. Thymus

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? Yes
(Signed) Dr. H. H. Taylor
Jessie Ann Lewis
(Address) Greenfield Ky

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. WRITE 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.