Form V. S. 1-A—75m—3-30-32

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

File No. **2172**

Registered No. _____

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. Greenville

Inc. Town Greenville

Registration District No. 1093

Primary Registration District No. 2434

City _____
(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Cordelia Ann Lile

(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	MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. Single, Married, Widowed or Divorced (write the word)** Widowed

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

6. DATE OF BIRTH Feb 3 -

7. AGE Years 89 Months ___ Days ___ 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 ....

FATHER / MOTHER
12. BIRTHPLACE Muhlenberg Co Ky
13. NAME Ashford Randolph
14. BIRTHPLACE Muhlenberg Co Ky
15. MAIDEN NAME Geraldine Oates
16. BIRTHPLACE Muhlenberg Co Ky

17. INFORMANT Arthur Lile
(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Lile BG Date Dec 29, 1933

19. UNDERTAKER M. B. McDonald & Son
(Address) Greenville Ky

20. FILED 1-18, 1934 C. B. Wickliffe, Registrar
By _____

21. DATE OF DEATH Dec 28 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933 to _____, 19___
I last saw her alive on Dec 27, 1933 death is 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:

Influenza

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? No If so, specify _____

(Signed) L. P. Moore, M. D.
(Address) Greenville, Ky.