

13770

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File no. \_\_\_\_\_

Registered No. 234

## 1. PLACE OF DEATH

County Darwin

Vot. Prec. \_\_\_\_\_

Ino. Town \_\_\_\_\_

City CovingtonRegistration District No. 410Primary Registration District No. 2145(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mrs. Helia Long IF VETERAN, WHAT WAR? \_\_\_\_\_(a) Residence, No. 521 Poplar 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

3. SEX Female 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow6. DATE OF BIRTH January 19, 18687. AGE 70 hours \_\_\_\_\_ Months 4 Days 27 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 South Carrollton13. NAME John Fentress14. BIRTHPLACE ky.15. MAIDEN NAME Maria Smith16. BIRTHPLACE ky.17. INFORMANT Mamie Brown(Address) 521 Poplar Street Covington Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Graves Date June 17, 193819. UNDERTAKER Edgar and Whittier(Address) 721 West Third Street Covington Ky.20. FILED 6-17-38 Lisa Cox Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 18, 1938I HEREBY CERTIFY That I attended deceased from March 24, 1938 to June 15, 1938I last saw her alive on June 14, 1938 death is said to have occurred on the date stated above, at 5:00 a.m. The principal cause of death and related causes of importance in order of onset were as follows:Chronic Heart Disease Date of onset \_\_\_\_\_  
Myocarditis \_\_\_\_\_  
Coronary Artery Disease \_\_\_\_\_Contributory causes of importance not related to principal cause:  
None

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) Frank Blandin M. D.(Address) Covington Ky.MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH 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.