

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. The cause of death should be stated EXACTLY. PHYSICIAN 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.

Form V. S. 1-A—75m—9-30-32

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 10248

## 1. PLACE OF DEATH

County MuhlenbergVet. Post. H. Buggins

Inc. Town \_\_\_\_\_

Registration District No. 1693Primary Registration District No. 6524

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mrs. Oda Mansfield(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>widowed</u>		
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____				
6. DATE OF BIRTH <u>March 29</u>				
7. AGE <u>55</u>	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....		10. Date deceased last worked at this occupation (month and year) .....		
9. Industry or business in which work was done, as gink mill, sawmill, bank, etc. ....		11. Total time (years) spent in this occupation .....		

12. BIRTHPLACE Muhlenberg13. NAME Joe Estitta14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Belle Coffey16. BIRTHPLACE Muhlenberg17. INFORMANT Mrs. Chas. Myrsie  
Leggett 74  
(Address) .....18. BURIAL, CREMATION, OR REMOVAL  
Clement Hill Date 4-24 193419. UNDERTAKER M. B. McDaniel, D.D.S.  
Greenville 74  
(Address) .....20. FILED 4-24 1934 C. D. WILSON  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 23, 193422. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1922 to April 23, 1934I last saw him alive on April 12, 1934, death is said to have occurred on the date stated above, at 5:20 m. The principal cause of death and related causes of importance in order of onset were as follows:Diphtheria Melitur

Date of onset

Contributory causes of importance not related to principal cause:  
Edema

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. Woodburn, M. D.(Address) Greenville 74