

15865

COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 190

Form V. B. 1-A

DEPARTMENT OF COMMERCE  
 Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2435

## 1. PLACE OF DEATH:

(a) County Franklin  
 (b) City or town Central City  
 (If outside city or town limits, write RURAL)  
 (c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Franklin  
 (c) City or town Central City  
 (If outside city or town limits write RURAL)

(d) Street No. \_\_\_\_\_  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Elizabeth Payne Ince Bondless

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

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

4. Sex F5. Color or race W6(a) Single, widowed, married, divorced widowed

5(b) Name of husband or wife \_\_\_\_\_

5(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Oct 9 1863  
(Month) (Day) (Year)8. AGE: Years 77 Months 8 Days 9 If less than one day \_\_\_\_\_ hr.9. Birthplace Kentucky10. Usual occupation at home

11. Industry or business \_\_\_\_\_

FATHER

12. Name Edgar Payne13. Birthplace Kentucky

MOTHER

14. Maiden name Ruby G. Pierce15. Birthplace Kentucky16(a) Informant's own signature J. P. Ince Bondless(b) Address Central City Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place Green Chapel Date 6-19-4118(a) Signature of funeral director J. Anderson(b) Address Central City Ky19(a) 7-2-41 (Date received by local registrar) (b) J. P. Ince Bondless (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1941  
 21. I hereby certify that I attended the deceased from May 19 1941 to June 17 1941, that I last saw her alive on June 16 1941, and that death occurred on the date stated above at 11:30 P M.

Immediate cause of death Cerebral  
occlusion

Due to PTA

DURATION

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature J. P. Walton

(M. D. or other)

Address Central City Ky Date signed June 19-41

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY WITH LEADING 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.