

19729

Form V. S. 1-A-50m-4-17-31

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 71

1. PLACE OF DEATH

County Muhlenberg

Vet. Pot. Hillside

Inc. Town Mercer

Registration District No. 1087

Primary Registration District No. 2435

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

2. FULL NAME Mandy Elizabeth McCoy

(a) Residence. No. Mercer 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. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced husband of (or) WIFE of Mrs. W. McCoy

6. DATE OF BIRTH

7. AGE Years 60 Months 9 Days 22 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as gunner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wife

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE Trigg County Ky.

13. NAME Saul J. Lainer

14. BIRTHPLACE unknown

15. MAIDEN NAME Cynthia Segate

16. BIRTHPLACE unknown

17. INFORMANT W. W. McCoy
(Address) Mercer

18. BURIAL, CREMATION, OR REMOVAL
Place Mercer Date 8/23, 1933

19. UNDERTAKER A. J. Mercer
(Address) Central City Ky.

20. FILED 8-22-33 A. L. Plaugher
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8-22-1933

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1933 to Aug 22, 1933.
I last saw her alive on Aug 16, 1933 death is said to have occurred on the date stated above, at 12:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Particulate of death
48-100
Contributory causes of importance not related to principal cause: Menia

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) C. G. C. ... M. D.
(Address) Central City 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.