

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

20842

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. \_\_\_\_\_

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

City Greenville(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Lama E. McCracken(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

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

6a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH

7. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
82 6 148. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

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 Muhlenberg13. NAME David L. Green14. BIRTHPLACE Ky15. MAIDEN NAME Not Known16. BIRTHPLACE West Ky17. INFORMANT W. B. McDonald(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen B. F. Date Aug 5 193419. UNDERTAKER W. B. McDonald & Co(Address) Greenville Ky20. FILED 8-16 W. R. P. Gumbler

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 7, 193422. I HEREBY CERTIFY, that I attended deceased from Aug 1, 1934 to Aug 7, 1934I last saw her alive on Aug 7, 1934; death is said to have occurred on the date stated above, at 7 P m. The principal cause of death and related causes of importance in order of onset were as follows:Strangulation Hernia Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:

General DebilityName 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) W. R. P. Gumbler, M. D.(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS and 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.