

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

1. PLACE OF DEATH

County Mitchell

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

Vet. Pat. W. E. Roggers

Registration District No. 1093

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

Primary Registration District No. 6838

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

2 FULL NAME Mrs M. J. McDonald

(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 \_\_\_\_\_ 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

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

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 4 21

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mitchell County Ky

13. NAME James Miller

14. BIRTHPLACE (city or town) (State or country) Ky.

15. MAIDEN NAME Polly Garrett

16. BIRTHPLACE (city or town) (State or country) Ky. - Boyle

17. INFORMANT Mrs. E. J. McDonald (Address) Greenwell St. 24

18. BURIAL, CREMATION, OR REMOVAL Place Greenwell Ave. Louisville Date Oct 18, 1921

19. UNDERTAKER M. J. McDonald (Address) Greenwell St. 24

20. FILED 10-18, 1921 C. B. Wickliffe, Registrar.

By M. Wells.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 10/17, 1921

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1921 to Oct 18, 1921. I last saw her alive on Oct 16, 1921, death is said to have occurred on the date stated above, at 2:5 A.M. The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage

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Contributory causes of importance not related to principal cause: Arteriosclerosis, nephritis, old stroke

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. C. Woodburn, M. D. (Address) Greenwell St. 19

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. See instructions on back of certificate.