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

File No. 20857
Registered No. 78

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____ Registration District No. 1087

Inc. Town Central City, Ky. 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 Laura Hazel McElwain

(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 F 4 COLOR OR RACE W. 5 Single M.
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of Odie W. McElwain
(or) WIFE of

6 DATE OF BIRTH Jan 27 - 1907
(Month) (Day) (Year)

7 AGE 27 yrs. 6 mos. 7 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

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

PARENTS
10 NAME OF FATHER George Brewster
11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)
12 MAIDEN NAME OF MOTHER Mary E. Tinsley
13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)

14 (Informant) Odie W. McElwain
(Address) Central City, Ky.

15 Filed 8/4 - 1934 A. L. (Signature)
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 3, 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 24, 1934, to Aug. 3, 1934, that I last saw him alive on July 24, 1934 and that death occurred on the date stated above at 8:00 A.M.

THE CAUSE OF DEATH was as follows:
Cancer of Bladder
47
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
if not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) J. P. Walton, M. D.
Aug. 4, 1934 (Address) Central City, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Caldman Cemetery DATE OF BURIAL Aug 4, 1934

20 UNDERTAKER J. B. Tucker ADDRESS Bremen, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information "hour" be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text so that it may be properly classified. Exact time of OCCUPATION is very important. See instructions on back of certificate.