

15864

Form V. S. 1-A

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

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

Registered No. 179

1. PLACE OF DEATH  
County Muhlenberg  
City St. Cassington, Ky.  
Registration District No. 1082  
Primary Registration District No. 2-38  
(No. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Georgia Mae McFhee  
(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (with the word approved) Married  
6. DATE OF BIRTH March 29 - 1906  
7. AGE Years 35 Months 8 Days 5 If LESS than 1 day.....hrs. or.....min.

21. DATE OF DEATH 6-4, 1941  
I HEREBY CERTIFY That I attended deceased from Jan. 10, 1935 to June 4, 1941  
I last saw her alive on June 4, 1941, death is said to have occurred on the 4th stated above, at 3 m.  
The principal cause of death and related causes of importance in order of onset were as follows:

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, sawmill, bank, etc.   
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

apoplexy  
Contributory causes of importance not related to principal cause:  
Date of onset

12. BIRTHPLACE Ohio Co. Ky.  
13. NAME G. W. Allen  
14. BIRTHPLACE Ky.  
15. MAIDEN NAME Loral E. Cummins  
16. BIRTHPLACE Ky.

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.

17. INFORMANT Thomas M. McFhee  
(Address) St. Cassington, Ky.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Interment Date 6-6, 1941

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

19. UNDERTAKER Tucker Funeral Home  
(Address) Central City, Ky.

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

FILED 6-6, 1941 W. S. Handford Registrar.

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.