

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7709

1. PLACE OF DEATH

County Muhlenberg

Vol. Pat. _____

Registration District No. 1087Inc. Town Central CityPrimary 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 Judie B. Intyre(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, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH July 1 18777. AGE
Yrs. Mos. Days If LESS than 1 day hrs. or min.
60 8 48. 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 occupation12. BIRTHPLACE Ky.13. NAME R. D. Whitmer14. BIRTHPLACE Ky.15. MAIDEN NAME Elizabeth Gish16. BIRTHPLACE Ky.17. INFORMANT Wash. Robinson(Address) Sacramento Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Shavers Date 9-7 193319. UNDERTAKER Arthur Prosser(Address) Central City Ky.20. FILED 3/7, 1933 A. L. Blandford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-5, 193322. I HEREBY CERTIFY, That I attended deceased from 3-4-33, 1933 to 3-5-33, 1933. I last saw he alive on 3-5, 1933, death is said to have occurred on the date stated above, at 8:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows:Angina Pectoris Date of onset 3-4-33

Contributory causes of importance not related to principal cause:

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 _____ 1933
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. S. Intyre, 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.