

23323

Form V. S. 1-A-50m-11-1-39

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH
County Muhlenberg
City _____ (No. _____ St., _____ Ward)
Reg. District No. 1092
Primary Registration District No. 4535
Certificate of Death

File No. _____
Registered No. _____

2 FULL NAME Mrs Susan M. Mursin
(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

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oct 11

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

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
82 11 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

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) West Co. Ky.

13. NAME Wm. Gill

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

15. MAIDEN NAME Lucy Allen

16. BIRTHPLACE (city or town) (State or country) Christian Co. Ky.

17. INFORMANT J. W. Gill (Address) Franklin Ky.

18. BURIAL, CREMATION, OR REMOVAL Place Carleyp Chapel Date 9/16, 1930

19. UNDERTAKER M. B. McDonald (Address) Lawrenceville Ky.

20. FILED 9/15, 1930 By B. Wickliffe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/15, 1930
22. I HEREBY CERTIFY, That I attended deceased from Sept 11, 1930 to Sept 15, 1930
I last saw her alive on Sept 15, 1930, death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Myoplanta Chronic Intestinal
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 _____ 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) _____

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.

By M. Wells