

Wardson 28093  
 State File No. \_\_\_\_\_  
 Registrar's No. 297

Form V. S. 1-A  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

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

Registration District No. 1683 Primary Registration District No. 7471

1. PLACE OF DEATH:  
 (a) County Muhlenberg  
 (b) City or town Spencer Ky  
 (c) Name of hospital or institution:  
 (d) Length of stay: In hospital or community \_\_\_\_\_  
 (If not in hospital or institution write street number or location)

2. USUAL RESIDENCE OF DECEASED:  
 (a) County Ky (b) County Muhlenberg  
 (c) City or town Central City Ky  
 (d) Street No. \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Laura C. Mitchell

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
 Race Female White Sex Female 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased 1861 Feb 2  
 (Month) (Day) (Year)

8. AGE: 82 years 9 months 28 days  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ky.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Alford Cates

13. Birthplace Ky.

MOTHER { 14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_

16(a) Informant Spencer Hospital

(b) Address Central City, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
 Place Spencer Funeral Home Date Dec 1, 1943

18(a) Signature of Registrar [Signature]

(b) Address Central City, Ky.

19(a) December 1, 1943 (Date received by local registrar)

[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1943

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_, and that death occurred on the date stated above at 2:30 P.M.

Immediate cause of death Coronary atherosclerosis

Due to Arteriosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 94A-97

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

Signature [Signature] (M. D. or other)

Address Central City Ky Date signed 12-1-43

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.

MARGIN RESERVED FOR BINDING