

## CERTIFICATE OF DEATH

File No.

26197

Registered No.

17

1. PLACE OF DEATH  
County Muhlenberg  
Vot. Pot. Browder Ky Registration District No. 1088  
Ino. Town # 41 Primary Registration District No. 6849  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Dorothy Jean Morgan  
(a) Residence. No. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Browder Ky (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) Single  
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of Single  
6. DATE OF BIRTH June 30 1931  
7. AGE Years 3 Months 34 Days 17 If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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

12. BIRTHPLACE Belton Ky  
13. NAME Hester Morgan  
14. BIRTHPLACE Ky  
15. MAIDEN NAME Mabel Tooley  
16. BIRTHPLACE Kentucky  
17. INFORMANT Taylor Poque  
(Address) Browder Ky  
18. BURIAL, CREMATION, OR REPOSITORY Union Ridge (Browder Ky)  
Place Union Ridge Date Oct 12 1934  
19. UNDERTAKER J. R. Kimmel  
(Address) Drakesboro Ky  
20. FILED 10-15 1934 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 11 1934  
22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to Oct 11 1934  
I last saw him alive on Oct 11 1934 death is said to have occurred on the date stated above, at 3:45 pm  
The principal cause of death and related causes of importance in order of onset were as follows:  
Struck by Railroad Train  
Fractured skull  
Right leg broken  
Died in one hour  
Date of onset Oct 11 1934  
Contributory causes of importance not related to principal cause:  
Name of operation None Date None  
What test confirmed diagnosis? Examination Was there an autopsy? No  
23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide Accident Date of injury Oct 11 1934  
Where did injury occur? Browder Ky  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. on railroad tracks  
Manner of injury Struck by train  
Nature of injury Fractured skull  
24. Was disease or injury in any way related to occupation of deceased? No If so specify none  
(Signed) H. D. Heyman, M. D.  
(Address) Drakesboro Ky

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.