

Form V. S. 1-A

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

File No. 22214
Registered No. 7

1. PLACE OF DEATH

County MartinVot. Prec. Central CityInc. Town Central CityRegistration District No. 10 87Primary Registration District No. 2435City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Kittie Morris(a) Residence, No. Central City Ky St. _____ Ward _____ (Usual place of abode) (If of foreign birth? yrs. mos. ds.)Length of residence in city or town where death occurred yrs. mos. ds. WELLS

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Morris6. DATE OF BIRTH Sept 9 18807. AGE Years 56 Months 10 Days 3 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

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 Wt Vernon Ind13. NAME L. M. Edwards14. BIRTHPLACE Ind15. MAIDEN NAME Nellie Warrington16. BIRTHPLACE Ind17. INFORMANT Harry Morris(Address) Central City Ky18. BURIAL, CREMATION, OR REMOVAL Wendell's Chapel Date 7-12-193719. UNDERTAKER J. P. Kinross(Address) Drakesboro Ky20. FILED 7/11 1937 A. L. Standford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 11 - 193722. I HEREBY CERTIFY, That I attended deceased from June 12 1937 to July 11 1937. I last saw her alive on July 10 1937, death is said to have occurred on the date stated above, at 12 P. M. The principal cause of death and related causes of importance in order of onset were as follows:Cerebral thrombosis Date of onset1937

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. P. Walton, 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 stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.