

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--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.

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **11105**
Registered No. **157**

1 PLACE OF DEATH
County **Muhlenberg**
Vot. Pct. **Central City Ky**

Registration District No. **1085**
Primary Registration District No. **2435**

Inc. Town.....
City..... (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Sarah J. Morris**
(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**
6a If married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH **Nov 29 - 1852**
(Month) (Day) (Year)
7 AGE **86** yrs. **4** mos. **20** ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (city or town)..... (State or country).....

PARENTS
10 NAME OF FATHER **Unknown**
11 BIRTHPLACE OF FATHER (city or town)..... (State or country).....
12 MAIDEN NAME OF MOTHER **Mahala Stringer**
13 BIRTHPLACE OF MOTHER (city or town)..... (State or country).....

14 (Informant) **Sam Morris**
(Address) **Central City Ky**

15 Filed **May 2, 1939** **James Bates** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **4-19-39**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **April 1, 1937**, to **April 19, 1939**, that I last saw him alive on **April 16, 1939** and that death occurred on the date stated above at **1:30 P.M.** The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

(Duration) yrs. mos. ds.
Contributory **Senility**
(Secondary) (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) **John P. Walton**, M. D.
April 20, 1939. (Address) **Central City, Ky.**

*State the Disease Causing Death, or, in death from violent causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL **Old Bethel** DATE OF BURIAL **4-20-39**

20 UNDERTAKER **J B Tucker & Son** ADDRESS **Burns, Ky.**