

28324

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

State File No. _____
Registrar's No. 398

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

Registration District No. 1085 Primary Registration District No. 2435

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH **INDIC INK**—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and 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.

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Bremen, Ky
(c) Name of hospital or institution: _____
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____ (years, months or days)
2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town Bremen
(If outside city or town limits, write RURAL)
(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Betty Lee Neal

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex F. 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Hubert Neal

6(c) Age of husband or wife if all _____ Years
7. Birth date of deceased Feb 4 - 1904
(Month) (Day) (Year)

8. AGE: 36 Years 9 Months 26 Days If less than one day hr. _____ min.

9. Birthplace Hannover, Ky

10. Usual occupation Housework

11. Industry or business _____

MOTHER { 12. Name Helbert Jones

13. Birthplace _____

14. Maiden name Vitula Latt

15. Birthplace _____

16(a) Informant's own signature Hubert Neal
(b) Address Bremen, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Bremen Cemetery Date Dec 1, 1939

18(a) Signature of funeral director B. Blackwell
(b) Address _____
19(a) (Date received by local registrar) Dec 1, 1939 (b) (Registrar's signature) James C. [Signature]

MEDICAL CERTIFICATION
20. DATE OF DEATH 11-30 1939

21. I hereby certify that I attended the deceased from Nov 1 1939 to Nov 30 1939 that I last saw him alive on _____

_____ 19____, and that death occurred on the date stated above at 2 A M.

Immediate cause of death Pulmonary Tuberculosis

Due to 43

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury 3834

23. Signature J. H. [Signature] (M. D. or other)

Address Central City Date signed Dec 1, 1939

Chas. C. [Signature] 6/25/93 45/93 7-2-46

DURATION
203
years