

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

File No. _____
Registered No. 29

1. PLACE OF DEATH

County Christian
Vet. Post. Palmyra
Ino. Town Hopkinsville,
City Kentucky

Registration District No. 350
Primary Registration District No. 4683

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

2. FULL NAME Cypress Nichols

(a) Residence. No. Western State Hospital, Hopkinsville, Ky.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____		
6. DATE OF BIRTH July 28, 1844		
7. AGE	Years	Months
	87	3
		Days
		15
		If LESS than 1 day hrs. or min.

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

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 England

13. NAME Not given

14. BIRTHPLACE Not given

15. MAIDEN NAME Not given

16. BIRTHPLACE Not given

17. INFORMANT W. S. Hospital Records,
Hopkinsville, Kentucky.
(Address) _____

18. UNDERTAKER W. S. Hospital
Hopkinsville, Ky.
(Address) _____

19. FILED Feb. 10, 1932 Rich Bealy
(Address) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 13 1932

22. I HEREBY CERTIFY That I attended deceased from Aug 14, 1928 to Jan 13, 1932
I last saw him alive on Jan 13, 1932, death is said to have occurred on the date stated above, at 5:22 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Mitral regurgitation Date of onset 3 yrs.

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Micro Was there an autopsy? No

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? No If so, specify _____
(Signed) D. B. Hays, M. D.
(Address) Hopkinsville, Ky.

Every item of information 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.

MARGIN RESERVED FOR BINDING