

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File no. _____

Registered No. 29

1. PLACE OF DEATH

County MuhlenbergVot. Pat. 41Registration District No. 1085

Inc. Town _____

Primary Registration District No. 7505City Broaden(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mary Jane Orange IF VETERAN, WHAT WAR? _____(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) Widowed5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH Aug 27 - 18647. AGE Years 74 Months 4 Days 21 If LESS than
1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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
occupation12. BIRTHPLACE Bertles Co Ky.13. NAME J P Thomson14. BIRTHPLACE Virginia15. MAIDEN NAME T J Langford16. BIRTHPLACE not known17. INFORMANT R H Orange(Address) Dracenhurst

18. BURIAL, CREMATION, OR REMOVAL

Place J Allen Chapel Date 1-23-3919. UNDERTAKER James Carter(Address) Dracenhurst Ky20. FILED 1-23-39 James Carter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1-22, 193922. I HEREBY CERTIFY, That I attended deceased from
_____ 19____ to _____ 19____I last saw h_____ alive on _____, 19____, said
to have occurred on the date stated above, at 3:30 PM
The principal cause of death and related causes of importance
in order of onset were as follows:Myocarditis Date of
onset _____930Contributory 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) Lennie Bryan, M.D.(Address) Central City KyMARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY. WRITE UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully specified. AGE should be stated EXACTLY. PHYSICIAN 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.