

Form V. S. 1-A-50m-11-1-23

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

File No. _____

1 PLACE OF DEATH

County Wickliffe

Vet. Pat. Powdely

Inn. Town Mason

Registration District No. 1093

Primary Registration District No. 2829

Registered No. _____

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

2 FULL NAME Charles Page

(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 20 yrs. _____ mos. _____ ds. How long in U. S. if foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE 64 Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.

OCCUPATION

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, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER/FATHER

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME _____

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Maury Bott (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Powdely Date Feb-4, 1933

19. UNDERTAKER Eugene S. Galt (Address) 234 Kalamazoo St

20. FILED 4/4/33, 19____ Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-8-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1932 to 2-3-, 1932

I last saw h. alive on 2-, 1932; death is said to have occurred on the date stated above, at 7 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
<u>Pneumonia</u>	<u>107</u>
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) D. G. Prance, M. D.

(Address) London, Ky

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.