

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19571

File No. \_\_\_\_\_

Registered No. 711. PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. North Boggs  
Inc. Town Luzerne  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 1093  
Primary Registration District No. 6834

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Walter Paxton  
(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Paxton6. DATE OF BIRTH 1886 Mar 187. AGE 51 Years Months Days If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Foreman

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 Muhlenberg Co13. NAME James Paxton14. BIRTHPLACE Dont Know15. MAIDEN NAME Willie Jackson16. BIRTHPLACE Muhlenberg Co17. INFORMANT James Paxton  
(Address) Luzerne Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Aug 1, 193719. UNDERTAKER M. B. McDonald & Co(Address) Greenville Ky20. FILED 7-31, 1937 R. P. Coulter  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 20, 193722. I HEREBY CERTIFY that I attended deceased from Jan 1, 1937 to July 30, 1937I last saw him alive on July 30, 1937, death is said to have occurred on the date stated above, at 10:12 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:Cerebral Hemorrhage

Date of onset

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) J. C. Woodman, M. D.(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

4. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.