

28349

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 386

1. PLACE OF DEATH

County MuhlenbergVol. No. 23

Incl. Town _____

City Berrier KyRegistration District No. 1085Primary Registration District No. 7481(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Rosie Nell Perry(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 Female 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 Jan 21 - 19367. AGE 3 Years 9 Months 33 Days 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 occupation _____

12. BIRTHPLACE Berrier Ky.13. NAME Martin Perry14. BIRTHPLACE Berrier Ky.15. MAIDEN NAME Essie Lagrand16. BIRTHPLACE Berrier Co. Ky.17. INFORMANT Mrs. Essie Perry(Address) Berrier Ky.18. BURIAL, CREMATION, OR REMOVAL Place Placent Date 11-15-193919. UNDERTAKER J. Kimmel(Address) Deschamps 15 1/220. FILED 11-14-1939 James Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____

I last saw h. _____ alive on _____, 19____, 10:00 p said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:struck by truck
neck broken

Date of onset

Contributory causes of importance not related to principal cause: 2/10 M

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(Address) Central City 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.