Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12687

File No.
Registered No. 207

1. PLACE OF DEATH

County Muhlenberg
Vot. Pct. 15
Inc. Town Bevier
City

Registration District No. 1094
Primary Registration District No. 6840

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

2. FULL NAME Virginia May Perry 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: 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 June 6 - 1931

7. AGE: Years 6 | Months 11 | Days 9 | If LESS than 1 day.....hrs. or.....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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 Bevier Ky ~~Marvan Perry~~

FATHER
13. NAME Marvan Perry
14. BIRTHPLACE Bevier Ky

MOTHER
15. MAIDEN NAME Essie Legrand
16. BIRTHPLACE Graham Ky

17. INFORMANT Marvan Perry
(Address) Bevier Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Date May 16, 1938

19. UNDERTAKER [illegible]
(Address) Drakesboro Ky

20. FILED May 16, 1938 Vannie Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1938 to May 15, 1938
I last saw her alive on May 13, 1938, death is said to have occurred on the date stated above, at 6:45 a m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Osteo Myelitis	~~[illegible]~~
	12-38
152	

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 S Fitzhugh, M. D.
(Address) Central City Ky

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 [illegible] be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.