

31716

Form V. S. 1-A-50m-11-1-29

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

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

Registered No. \_\_\_\_\_

## 1 PLACE OF DEATH

County MitchellVot. Pct. It Regoes

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1093Primary Registration District No. 6833

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

2 FULL NAME Clara Phelps

(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 Female4. COLOR OR RACE White5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) June 20

7. AGE

Years

Months

Days

If LESS than

1 day \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

20520

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, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Repton Co. Ky13. NAME Robert Smith14. BIRTHPLACE (city or town) (State or country) Fenn.15. MAIDEN NAME Sarah Henderson

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT Leiston Phelps(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL

Place WhiteDate Dec 12, 193019. UNDERTAKER M B McDonald(Address) Seaside Ky20. FILED 12-15, 1930Registrar. C. B. [unclear]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15, 193022. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1930 to Dec 13, 1930I last saw him alive on Dec 13, 1930, death is said to have occurred on the date stated above, at 11:30 a. m. The principal cause of death and related causes of importance in order of onset were as follows:Pulmonary Tuberculosis

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. H. [unclear], M. D.

(Address) \_\_\_\_\_

MARGIN RESERVED FOR BIN JING

N. B.—WRITE PLAINLY, WITH FADING 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.

By J. H. [unclear]  
12-15-30