

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 85

1. PLACE OF DEATH

County BaylorVot. Prec. Central City

Inc. Town _____

City Central City, Ky.Registration District No. 1087Primary Registration District No. 6817 2733(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Margaret Louise Curtis(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 F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Earl C. Curtis6. DATE OF BIRTH May 12 18937. AGE Years 44 Month 3 Days 16 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 Silver Plume, Colorado13. NAME William Lomphshire14. BIRTHPLACE Wales15. MAIDEN NAME Edie Louise Thompson16. BIRTHPLACE Illinois17. INFORMANT Earl C. Curtis(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place San Pedro, Calif. Date 8/29, 193719. UNDERTAKER Arthur T. Mosley(Address) Central City, Ky.20. FILED 8/28, 1937 A. L. Standford

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 28, 193722. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1937 to Aug 28, 1937I last saw her alive on Aug 28, 1937 death in said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:NephritisHeart 43%

Contributory causes of importance not related to principal cause:

Atherosclerosis
Myocarditis

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 _____ 1937Where 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. P. Walton, M. D.(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. 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.