

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

22219

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

Registered No. 81

Form V. 2. 1-A

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. \_\_\_\_\_

Inn. Town \_\_\_\_\_

Registration District No. 1097

Primary Registration District No. 2435

City Central City, Ky. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If nonresident, give city or town and State)  
Hospital or institution, give its NAME instead of street and number)

2. FULL NAME Sanders Quisenberry

(a) Residence, No. 105 Newman Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Negro 5. Single, Married, Widowed or Divorced (write the word) Married (Quisenberry)

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of) Emmerine Quisenberry

6. DATE OF BIRTH 1882

7. AGE Years 45 Months 1 Days 8 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

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) 4/37 11. Total time (years) spent in this occupation 2 YRS.

12. BIRTHPLACE Pembroke, Kentucky (Quisenberry)

13. NAME John Quisenberry

14. BIRTHPLACE Dent Knott

15. MAIDEN NAME " "

16. BIRTHPLACE " (Quisenberry)

17. INFORMANT Emmerine Quisenberry  
(Address) Greenville, Ky.

18. BURIAL Greenville  
Place Cleaton Date August 12, 1937

19. UNDERTAKER Eugene S. Elliott  
(Address) Greenville, Ky.

20. FILED 8/13/37 A. L. B. Wood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 12, 1937

22. HEREBY CERTIFY that I attended deceased from July 15, 1937 to Aug 12, 1937. I last saw him alive on Aug 9, 1937, death is 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:

Parasitosis due to trichinella

1914

Contributory causes of importance not related to principal cause: Age

Date of onset

1914

1914

1914

Age

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 \_\_\_\_\_

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 3-11-37

Nature of injury 3-11-37

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) J. W. Wood, M. D.

(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 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.