

11115

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

Registered No. 147

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Precinct \_\_\_\_\_

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

City Central CityRegistration District No. 1085Primary Registration District No. 2435(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Lydia Morehead Kender(a) Residence, No. 510 North First St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 30 yrs. - mos. - ds. - How long in U. S. if of foreign birth? yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH May 3 18877. AGE Years 52 Months 11 Days 23 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.

Housewife

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE Ohio County13. NAME John Morehead14. BIRTHPLACE Muhlenberg County15. MAIDEN NAME Caroline Bennet16. BIRTHPLACE Ohio County17. INFORMANT Benjamin Lucas  
(Address) 510 N First Central City18. BURIAL, CREMATION, OR REMOVED  
Place Equality Date 4/29, 1939  
Ohio County19. UNDERTAKER Logan & Bell  
(Address) Greenville Ky20. FILED 4-29-39 James Carter  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4/26/1939, 193922. I HEREBY CERTIFY, That I attended deceased from April 23, 1939 to April 26, 1939.  
I last saw her alive on April 26, 1939, death is said to have occurred on the date stated above, at 3:24 P. m.  
The principal cause of death and related causes of importance in order of onset were as follows:Pericardial Hemorrhage Date of onset 4-26-39  
Hypertensive Cardiac Vasculardisease

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? NO If so, specify 1540(Signed) Foster M Wilson, M. D.(Address) Greenville, 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 and 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.