

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31385

File no. _____

Registered No. 2081. PLACE OF DEATH
County Muhlenberg
Vot. Prec. Beech Creek
Inn. Town 222Registration District No. 1085
Primary Registration District No. 7511City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mr J. G. Rhoads 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. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) married5a. If married, widowed, or divorced
WIDOWED of J. G. Rhoads
(or) WIFE of6. DATE OF BIRTH Sept 4 18657. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
73 2 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house

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 Muhlenberg Mo13. NAME John Robertson14. BIRTHPLACE Tenn15. MAIDEN NAME Eudoxie Stumm16. BIRTHPLACE Muhlenberg Ky17. INFORMANT Robert Wells(Address) Browns 14

18. BURIAL, CREMATION, OR REMOVAL

Place Bell Camp Date 12-4, 193819. UNDERTAKER J. H. Johnson(Address) Beech Creek 1420. FILED 12-3-, 1938 James Carter

Registrar.

21. DATE OF DEATH Dec 2, 193822. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1938 to _____, 1938I last saw her alive on May 1, 1938, death in said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:Organic Heart disease

Contributory causes of importance not related to principal cause:

Acute indigestion

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 _____ 1938Where 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) W. H. Richardson M. D.(Address) Beech Creek 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. 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.