

## 1. PLACE OF DEATH

County Mullensberg

Vot. Pat. \_\_\_\_\_

Ine. Town \_\_\_\_\_

City Central City Ky.

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1087Primary Registration District No. 2735File No. 26168Registered No. 116

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Scroggin(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred yrs. mos. ds. \_\_\_\_\_  
(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced (write the word) Married6a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_ (or) WIFE of Maud Scroggin6. DATE OF BIRTH Unknown7. AGE Years 56 Months \_\_\_\_\_ Days \_\_\_\_\_  
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. Coal mines10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Hopkins Co. Ky.13. NAME George Scroggin14. BIRTHPLACE Ill.15. MAIDEN NAME Unknown16. BIRTHPLACE Unknown17. INFORMANT Maud Scroggin(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Harrogate, Ky. Date 10/21, 193419. UNDERTAKER G. J. Anderson(Address) Central City, Ky.20. FILED 10/31, 1934 A. L. [Signature]

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 2:21 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:EpicarditisHeart92

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) Louise Bryan [Signature]  
(Address) Central City, Ky.

WRITE PLAINLY, WITH UNFADING 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.