

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31717

## 1 PLACE OF DEATH

County Muhlenberg  
Vol. 3 Central City Registration District No. 1087  
Inc. Town Central City Primary Registration District No. 3435  
City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

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

Registered No. 932 FULL NAME Laura Sella(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 Female 4 COLOR OR RACE White 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)

5a If married, widowed, or divorced  
Married  
(or) WIFE of Robert Sella  
6 DATE OF BIRTH Jan 27 1917  
(Month) (Day) (Year)

7 AGE 17 yrs. 10 mos. 11 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Ky

PARENTS  
10 NAME OF FATHER Jack Sella  
11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country) Ky  
12 MAIDEN NAME OF MOTHER Kate M. Spivey  
13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) Ky

14 (Informant) Jack Sella  
(Address) Central City Ky.

15 Filled 12/17, 1930 - A. L. Shuepfer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 16, 1930  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased  
from June 15, 1930, to Dec 16, 1930,  
that I last saw her alive on Dec 15, 1930,  
and that death occurred on the date stated above at 9 PM.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? no

(Signed) J. H. [Signature], M. D.

Dec 17, 1930 (Address) Central City Ky.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Fairmount DATE OF BURIAL 12-17, 1930

20 UNDERTAKER Arthur L. Mosley ADDRESS Central City Ky.

EXACTLY. PHYSICIANS should be carefully supplied. AGE should be state CAUSE OF DEATH in plain language. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.