

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

File No. _____

Registered No. _____

1. PLACE OF DEATH
County Muhlenberg
Vet. Pat. Penrod, Ky Registration District No. 1090
Inc. Town _____ Primary Registration District No. 2807
City _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Jessie Craig Simmons
(a) Residence No. Penrod Ky Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. _____ mos. _____
How long in U. S. _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Alex G. Simmons

6. DATE OF BIRTH
7. AGE Years 87 Months _____ Days _____ If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) 7/31
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE Cisney, Ky

13. NAME Craig

14. BIRTHPLACE Ky

15. MAIDEN NAME _____

16. BIRTHPLACE Ky

17. INFORMANT A. B. Langley
(Address) Beech Creek, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Summond Penrod Ky Date Oct 20, 1934

19. UNDERTAKER Victor Jenkins
(Address) Beech Creek Ky

20. FILED 10/21/34
Mrs B. H. Craig

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Oct 19, 1934
I last saw him alive on Oct 10, 1934 death said to have occurred on the date stated above, at 4:00 m.
The principal cause of death and related causes of importance in order of onset were as follows:

Hemiplegia Date of onset 1931

Contributory causes of importance not related to principal cause:
Chronic Albuminuria 5 yrs

Name of operation none Date of none
What test confirmed diagnosis Symptoms Autopsy? no

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? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify none

(Signed) H. D. Newman, M.D.
(Address) Drakesboro, 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. 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.