

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.

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 21047
Registrar's No. 236

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Muhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Melissa Belle Spjvoroth

3(b) If veteran, _____ 3(c) Social Security No. _____
Name was _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased March 7 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 14 If less than one day hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation at home

11. Industry or business _____

FATHER { 12. Name James F. Carver

13. Birthplace North Carolina

MOTHER { 14. Maiden name Emily Shelton

15. Birthplace Kentucky

16(a) Informant's own signature Mrs Ellis Poppers

(b) Address Beech Creek Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Ebenezer Cemetery Date Sept 23, 1944

18(a) Signature of funeral director Parley Washburne

(b) Address Beech Creek - Ky.

19(a) 10-3-44 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1944
21. I hereby certify that I attended the deceased from Sept 1 1944 to Sept 20 1944, that I last saw him alive on Sept 20 1944 and that death occurred on the date stated above at THEY M.

Immediate cause of death Chronic Myocarditis DURATION 2 yrs

Due to _____

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 131B-93D

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury _____

23. Signature Gandell W. M.D. (M. D. or other)

Address Waverly Ky Date signed 9/26/44