

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9016

File No. _____

Registered No. 19

1. PLACE OF DEATH

County MuhlenbergVot. Pct. Central City, Ky.

Inc. Town _____

Registration District No. 1087Primary Registration District No. 6743City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Nelson S. Skipworth(a) Residence. No. _____ St. Delaware
(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 Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Married5a. If married, widowed, or divorced
HUSBAND of Janny Fatham Skipworth
WIFE of _____6. DATE OF BIRTH July 167. AGE Year 59 Months 7 Days _____ If LESS than 1 day..... hrs. or..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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 Co., Ky.13. NAME Willie S. Skipworth14. BIRTHPLACE Muhlenberg Co., Ky.15. MAIDEN NAME Miss Dodge16. BIRTHPLACE Muhlenberg Co., Ky.17. INFORMANT Bazmy Skipworth
(Address) Greenville, Ky. Route 2

18. BURIAL, CREMATION, OR REMOVAL

Place Skipworth P.O. Date Feb 17, 193719. UNDERTAKER M. B. McDaniel Co.(Address) Greenville, Ky.20. FILED 2/16 1937 O. L. Blandford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 16, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1937 to Feb 16, 1937I first saw him alive on July 13, 1929, death is 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:Hypertension
+ Myocarditis

Date of onset

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) Harry Aldred M. D.(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.

P. J. ...