

1. PLACE OF DEATH

County MuhlenbergVot. Prec. 32

Inc. Town _____

City DrakesboroRegistration District No. 1088Primary Registration District No. 2437(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Annie Mae Smith (Still born)(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH June 18, 1936

7. AGE _____ Years _____ 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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Drakesboro, Ky.13. NAME Boys Smith14. BIRTHPLACE Drakesboro, Ky.15. MAIDEN NAME May C. Mason16. BIRTHPLACE Rochester, Ky.17. INFORMANT Boys Smith(Address) Drakesboro, Ky.18. BURIAL, CREMATION, OR REMOVAL Smith Cemetery

Place of _____ Date _____ 19

19. UNDERTAKER Mr. Charles C. Smith(Address) Drakesboro, Ky.20. FILED 6-19, 1936 J. H. Newman Registrar.21. DATE OF DEATH June 15, 1936

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 _____ m. The principal cause of death and related causes of importance in order of onset were as follows:

Died in uterus at 8th monthObstruction of umbilical circulation

Contributory causes of importance not related to principal cause:

Twist in umbilical cordName of operation None 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) J. H. Newman M. D.(Address) Drakesboro, Ky.

N. B. WRITE PLAINLY. UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.