

2025

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

Registered No. 15

County Muhlenberg
Vot. Prec. Side of Dr. Taylor
Inc. Town Drakeboro
City #32

Registration District No. 1088
Primary 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 Cora Adell Simmons Smith

(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 6 yrs. 4 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Colored 5 Single Married
Married, Widowed or Divorced (Write the word)

16 DATE OF DEATH 10 - 7, 1934
(Month) (Day) (Year)

5a If married, widowed, or divorced HUSBAND OF Roy Smith
(or) WIFE OF

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Oct 10, 1934
that I last saw her alive on 10 - 7, 1934

6 DATE OF BIRTH May 24, 1903
(Month) (Day) (Year)

and that death occurred on the date stated above at 10 A.M.
The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage

7 AGE 31 yrs. 4 mos. 8 ds. IF LESS than 1 day..... hrs. or..... min?

Contributory Pregnancy
(Secondary)

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

(Duration) yrs. 2 mos. ds.

9 BIRTHPLACE (city or town) Genera, Ky.
(State or country)

(Duration) yrs. 2 mos. ds.

10 NAME OF FATHER Thomas Simmons

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

11 BIRTHPLACE OF FATHER (city or town) Smith Mills Ky.
(State or country)

Did an operation precede death? yes date of Aug 1

12 MAIDEN NAME OF MOTHER Rosie (Kint)

Was there an autopsy? ?

13 BIRTHPLACE OF MOTHER (city or town) Genera, Ky.
(State or country)

What test confirmed diagnosis? Biopsy
(Signed) Michael S. Simpson, M. D.
....., 19..... (Address) Greenville, Ky.

14 (Informant) Mrs. Rosie Simmons
(Address) Crawder, 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.)

15 Filed 10-9, 1934 J.R.K. Registrar

19 PLACE OF BURIAL OR REMOVAL Smith Cemetery DATE OF BURIAL Oct. 9, 1934

20 UNDERTAKER Greenville Funeral Home ADDRESS Greenville, Ky.

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, so that it may be properly classified. E statement of OCCUPATION is very important. See instructions on back of certificate.

MAILED SEPTEMBER 20 1934