

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 2132

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County MuhlenbergVot. Pat. NelsonRegistration District No. 1095

Ine. Town \_\_\_\_\_

Primary Registration District No. 496844City Central City Ky. R. 2.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Elias William Smith

(a) Residence. No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed  
or Divorced (write the word)  
Married6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Mary L. Smith6. DATE OF BIRTH Mar. 18 - 1851

7. AGE

Years

Months

Days

If LESS than  
1 day ..... hrs.  
or ..... min.83524

OCCUPATION

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  
occupationFarmer12. BIRTHPLACE John Small Ky.13. NAME John Smith14. BIRTHPLACE Ky.15. MAIDEN NAME Elizabeth Kinbley16. BIRTHPLACE Ky.17. INFORMANT Pauline Elizabeth Johnson(Address) Central city Ky. R. 2.

18. BURIAL, CREMATION, OR REMOVAL

Place Nelson cemeteryDate Sept 14 193119. UNDERTAKER Walter J. Mackey(Address) Central city20. FILED: 8141931at Don Topic

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_ death is said to have occurred on the date stated above, at 2:45 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:asthma causing heart failure

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) Lennie Bryan, Coroner(Address) Central City Ky.

MARGIN RESERVE FOR BINDING

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.