Form V. S. 1-A

27647

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 4632

1. PLACE OF DEATH

County Jefferson

Vot. Pct. _____

Registration District No. 755

Inc. Town _____

Primary Registration District No. 2275

City Louisville, Ky.

(No. Norton Inf. St. death occurred in a hospital or institution, give its NAME instead of street and number) _____ Ward)

2. FULL NAME Hattie Lauraine Smith

(a) Residence. No. Greenville Ky. St. 89 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ____ yrs. ____ mo. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mo. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
Female	white	Married

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

6. DATE OF BIRTH June 14 1902

7. AGE	Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
	37	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   House wife

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 Muhlenburg Co.

13. NAME A C Earle

14. BIRTHPLACE Muhlenburg Co.

15. MAIDEN NAME Mary Underwood

16. BIRTHPLACE Muhlenburg Co.

17. INFORMANT Jack Smith
(Address) 201 Purdue St. Greenville Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville Date Nov 13, 1939

19. UNDERTAKER Parker + Gary
(Address) Greenville Ky

20. FILED NOV 13 1939

N. H. Ferguson Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from
about 8-1, 1939 to 11-11, 1939.
I last saw her alive on 11-11, 1939, death is said to have occurred on the date stated above, at 12:05 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Auricular fibrulation during anesthesia for ceserean section.

	Date of onset

Contributory causes of importance not related to principal cause:
Polyhydramnions (?)

Name of operation Ceserean section Date of 11-11-39

What test confirmed diagnosis? ____ Was there an autopsy? No

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? No If so, specify ____ 6286

(Signed) W. T. McConnell , M.D

(Address) 401 Brown Bldg Louisville Ky