

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 22097
Registrar's No. 225Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Beech Creek
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky, (b) County Muhlenberg
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. Bolton
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Laura Jane Smith

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife B M Smith6(c) Age of husband or wife if alive 67 Years7. Birth date of deceased Dec 11 1916
(Month) (Day) (Year)8. AGE: Years 39 Months 9 Days 25 If less than one day hr. _____ min. _____9. Birthplace Butler Co.10. Usual occupation House wife

11. Industry or business _____

FATHER

12. Name Bernett Arnold13. Birthplace Butler Co.

MOTHER

14. Maiden name Elizabeth Jenkins15. Birthplace Butler Co.16(a) Informant's own signature J. P. Walton(b) Address Beech Creek 137

17. BURIAL, CREMATION, OR REMOVAL

Place Caplane usa Date Oct 9, 194618(a) Signature of funeral director Parson + Warehouse(b) Address Beech Creek 13719(a) 10-22-45 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 194521. I hereby certify that I attended the deceased from June 1 1945
to Oct 6 1945, that I last saw him alive on
Oct 6 1945, and that death occurred on the date
stated above at S.P. M.Immediate cause of death ApoplexyDue to HypertensionOther conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations KBA-102

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature J. P. Walton M.D. (M. D. or other)Address Central City Ky Date signed Oct 17-45

MARGIN RESERVED 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.