

## 1 PLACE OF DEATH

County MuhlenbergVet. No. #32

Inc. Town \_\_\_\_\_

City DrakesboroCOMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1088Primary Registration District No. 6822

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

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

File No. \_\_\_\_\_

Registered No. 182 FULL NAME Mary 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4 COLOR OR RACE Col. 5 Single Married Widowed or Divorced (Write the word) Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH May 14, 1932  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Infant (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Drakesboro, Ky (State or country)10 NAME OF FATHER Joe Smith11 BIRTHPLACE OF FATHER (city or town) Cairo, Ill. (State or country)12 MAIDEN NAME OF MOTHER Christine Finck13 BIRTHPLACE OF MOTHER (city or town) Drakesboro, Ky (State or country)14 (Informant) Blake Finck (Address) Drakesboro, Ky15 Filed 5-24, 1935 J.B. Kin Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19, 1935  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 5-19, 1932, to 5-14, 1935 that I last saw him alive on 5-19, 1932 and that death occurred on the date stated above at 6 am. The CAUSE OF DEATH\* was as follows:  
Premature Birth (female)

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) M. D. Porter M. D. 5/28, 1935 (Address) Central City, Ky.

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Brookside DATE OF BURIAL May 27, 193520 UNDERTAKER Blake Finck ADDRESS Drakesboro

WRITE ONLY WITH UNFADING INK—THIS IS A MANDATORY RECORD

N. B.—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.

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MARKE RECEIVED FOR INDEXING