

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

Registered No. 44

## 1. PLACE OF DEATH

County MuhlenbergVot. Prec. Mrsen

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

Registration District No. 1087Primary Registration District No. 6820City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Rev. L. D. Spears(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 W 5. Single, Married, Widowed  
or Divorced (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH Oct 207. AGE 78 Years 6 Months 6 Days  
If LESS than  
1 day.....hrs.  
or.....min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Baptist  
9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. Minister  
10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_ 11. Total time (years)  
spent in this  
occupation \_\_\_\_\_12. BIRTHPLACE Tenn13. NAME Burl Spears14. BIRTHPLACE King15. MAIDEN NAME Elizie Jackson16. BIRTHPLACE Tenn17. INFORMANT Robert Spears  
(Address) Central City Ky R. 41118. BURIAL CREATION, OR REMOVAL  
Place Cahman Date 4-27-3719. UNDERTAKER J. Trucker  
(Address) Bremen Ky20. FILED 4/27 1937 A. R. Blandford  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 4-26-37, 193722. I HEREBY CERTIFY, That I attended deceased from  
4-24-1937 to 4-26-1937I last saw him alive on 4-20-1937; death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Apoplexy 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 \_\_\_\_\_  
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 \_\_\_\_\_2000 575-46 11-28-37  
P. G. Cravener, M. D.  
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully repeated. AGE should be stated EXACTLY. PHYSICIAN 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.