

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7625

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

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

## 1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. \_\_\_\_\_

Inc. Town Graham

City \_\_\_\_\_

Registration District No. 1096Primary Registration District No. 6546(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Emmaline Spurling(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred 30 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced HUSBAND or (or) WIFE of John Spurling6. DATE OF BIRTH 81 7. AGE 81 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 Muhlenberg County13. NAME Allen Carter14. BIRTHPLACE don't know15. MAIDEN NAME don't know16. BIRTHPLACE " "17. INFORMANT John Spurling  
(Address) Graham, Ky.18. BURIAL, CREMATION, OR REMOVAL Place Union Date March 10 26 2419. UNDERTAKER James S. Callaway  
(Address) Greenwell, Kentucky20. FILED 3/21 21. Hubert Croft

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 7, 193422. I HEREBY CERTIFY, That I attended deceased from March 7, 1934 to March 7, 1934. I last saw her alive on March 7, 1934. Death is said to have occurred on the date stated above, at 3:00 m. The principal cause of death and related causes of importance in order of onset were as follows:Pneumonia

Date of onset

Contributory causes of importance not related to principal cause

Cardiac DistressName of operation none 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? no date of injury no 1934

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? yes If so, specify \_\_\_\_\_(Signed Lewis A. Carter M. D.)(Address) Graham Ky

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.

MARRIAGE REGISTERED FOR BINDING