

COMMONWEALTH OF KENTUCKY

15559

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

1 PLACE OF DEATH

County MadisonVot. Prec. A 15Registration District No. 1094Registered No. 84Inc. Town Beaver 1 1/2Primary Registration District No. 6840

City _____

(No. _____ St. _____)

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

2 FULL NAME Manerva Staples

(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 Female 4 COLOR OR RACE White 5 Single married
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of Luck Staples
(or) WIFE of6 DATE OF BIRTH Nov-2-1898
(Month) (Day) (Year)7 AGE 34 yrs. 3 mos. 22 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) Beaver Co 1 1/2
(State or country)PARENTS
10 NAME OF FATHER Geo Staples
11 BIRTHPLACE OF FATHER (city or town) Beaver Co 1 1/2
(State or country)
12 MAIDEN NAME OF MOTHER Elizabeth Hays Staples
13 BIRTHPLACE OF MOTHER (city or town) Beaver Co 1 1/2
(State or country)14 (Informant) Myrtle Staples
(Address) Beaver 1 1/215 Filed June 25, 1935 - Vannie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 24, 1935
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from Apr 5, 1935, to Apr 24, 1935, that I last saw him alive on Apr 24, 1935, and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:
Tubercular PulmonaryContributory _____
(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) J. M. Clellan, M. D.
May 11, 1935 (Address) _____

*State the Disease Causing Death, or, in deaths 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 St. Paul's DATE OF BURIAL 4-25-1935UNDERTAKER J. Kimmond ADDRESS Beaver 1 1/2

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. ACTUALLY. 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.

MACHINE REPRODUCED FOR RECORDING