

1. PLACE OF DEATH

County HopkinsCity Richland

Inc. Town _____

City Madisonville Ky.Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 780Primary Registration District No. 5996

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

File No. _____

Registered No. 1312. FULL NAME Jamie Sullivan(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, Widowed or Divorced Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH 1878 July 37. AGE Years 61 Months 4 Days 16 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawmill, bank, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.13. NAME John Blomen14. BIRTHPLACE Ky.15. MAIDEN NAME Mary E. Blomen16. BIRTHPLACE Ky.17. INFORMANT Louise Riley(Address) Madisonville, H. 6 Ky.

18. BURIAL CREMATION, OR REMOVAL

Place Central City Date 8/20 19. _____19. UNDERTAKER Harold Funeral Home(Address) Madisonville Ky.20. FILED 8-31- 19. 99 HE

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 19 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at 10 a.m. The principal cause of death and related causes of importance in order of onset were as follows:a paralytic stroke due to effects of an automobile accident on the day before.

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 _____ 19____

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 _____

(Signed) Carl Hoffman CORONER(Address) Madisonville, Ky.

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