

Form V. R. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 27057
Registrar's No. 274

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muddlesberg
(b) City or town Browder, Ky.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Mudd.
(c) City or town Browder
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Sarah Elizabeth Sumner

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No. _____

4. Sex F 5. Color or race w 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife William Sumner

6(c) Age of husband or wife if alive 82 Years

7. Birth date of deceased Jan. 16 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 25 If less than one day hr. _____ min.

9. Birthplace Muddlesberg County,

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name David Martin

13. Birthplace don't know

MOTHER { 14. Maiden name Sarah Latham

15. Birthplace don't know

16(a) Informant's own signature Nona Smith

(b) Address Browder Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Sumner's Chapel Date Nov. 12, 1945

18(a) Signature of funeral director Parley W. Wadsworth

(b) Address Beech Creek - Ky.

19(a) 12-7-45 (Date received by local registrar) (b) Marjorie Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1945

21. I hereby certify that I attended the deceased from Nov. 11 1945 to Nov. 11 1945, that I last saw him alive on Nov. 10 1945, and that death occurred on the date stated above at 3:40 A.M.

Immediate cause of death apoplexy DURATION

Due to Hypertension

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 15-162

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. P. Walton M.D. (M. D. or other)

Address Nov. 26-45 Date signed _____

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 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.