

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4895

PLACE OF DEATH

County Wash. LenburgVol. DrakesboroInc. Town A 5

City

Registration District No. 1088Primary Registration District No. 6821

(No. _____ St., _____ Ward)

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

File No. _____

Registered No. _____

2 FULL NAME Thelma Grace Sumner

(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

1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>
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5a If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE

yrs. mos. 11 ds.IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of workNone(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town) Drakesboro
(State or country) Ky

PARENTS

10 NAME OF
FATHERHarvey A. Sumner
Ky11 BIRTHPLACE
OF FATHER (city or town)
(State or country)Sumner
Ky12 MAIDEN NAME
OF MOTHERDaisy Steed
Ky13 BIRTHPLACE
OF MOTHER (city or town)
(State or country)Beckley
W. Va.

14

(Informant) Harvey A. Sumner(Address) Drakesboro Ky.

15

Filed 2-7-30

1930

J. R. Kimmel

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5, 1930
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased
from Jan 23, 1930, to Feb 5, 1930,
that I last saw her alive on Feb 1, 1930,
and that death occurred on the date stated above at 4 P.M.
The CAUSE OF DEATH* was as follows:Pneumonia(Duration) _____ yrs. _____ mos. 11 ds.Contributory
(Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? Did an operation precede death? no Date of Was there an autopsy? noWhat test confirmed diagnosis? None(Signed) A. D. Newman M. D.Feb 5, 1930 (Address) Drakesboro Ky*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 addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Hayden's Drakesboro Ky Feb 6, 1930

20 UNDERTAKER

J. R. Kimmel Drakesboro Ky

ADDRESS

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

REMARKS RESERVED FOR INDEXING