

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 23319Registered No. 2274

## 1. PLACE OF DEATH

County MuhlenbergVot. Pct. Rosewood

Inc. Town \_\_\_\_\_

Registration District No. 0620 / 091Primary Registration District No. 287City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Jessie Helen Suttles IF VETERAN, WHAT WAR? \_\_\_\_\_(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed  
or Divorced (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH Nov 17-377. AGE Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If LESS than  
1 day. 16...hrs.  
or.....min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. ✓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  
occupation12. BIRTHPLACE Muhlenberg13. NAME Bernard J Suttles14. BIRTHPLACE Todd Co15. MAIDEN NAME Nelma McIntosh16. BIRTHPLACE Muhlenberg17. INFORMANT Bob Suttles(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Date Nov 18, 193719. UNDERTAKER Garner T. Gray(Address) Greenville Ky20. FILED Nov 26 1937 Thelma Parsons  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 17, 193722. I HEREBY CERTIFY, That I attended deceased from  
Nov 15, 1937 to Nov 17, 1937.I last saw him alive on Nov 17, 1937, death is said  
to have occurred on the date stated above, at 12 noon.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Deformed. 153  
marked by fire Nov 17, 1937Contributory 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) Laura Lyon mid wife(Address) Greenville 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 and stated exactly. Physical condition is very important. See instructions on back of certificate.