

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30677

PLACE OF DEATH  
County Muhlenburg

File No. \_\_\_\_\_

Vet. Pat. #32Registration District No. 1088Registered No. 29Inc. Town DrakesboroPrimary Registration District No. 6822City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Ethel Taylor(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 Colored 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single6. DATE OF BIRTH (month, day, and year) 19067. AGE Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 9 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

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

12. BIRTHPLACE (city or town) (State or country) Mo.13. NAME Ethel Taylor14. BIRTHPLACE (city or town) (State or country) Mo.15. MAIDEN NAME May Smith16. BIRTHPLACE (city or town) (State or country) Mo.17. INFORMANT Ethel Taylor  
(Address) Drakesboro Mo.18. BURIAL, CREMATION, OR REMOVAL  
Place Smith family Date 12-13, 193119. UNDERTAKER Blake Smith  
(Address) Drakesboro Mo.20. FILED 12-14, 1931 J. Kimmel  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-12 193122. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1931 to Dec 11th, 1931.  
I last saw her alive on Dec 10, 1931. Death is said to have occurred on the date stated above, at Mo.  
The principal cause of death and related causes of importance in order of importance are as follows:Death due to a failing of the heart  
Date of onset \_\_\_\_\_Contributory causes of importance not related to principal cause:  
Indigestion

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? No(Signature) Ethel Taylor, M. D.

(Address) \_\_\_\_\_

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

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OCCUPATION

MOTHER FATHER