25918

Form V. S. 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. 349
Registrar's No.

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH: In the Home
(a) County Muhlenberg
(b) City or town Central City (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 Kentucky (b) County Muhlenberg
(c) City or town Central City (If outside city or town limits, write RURAL)
(d) Street No. Reservoir (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Katie Viola Taylor
3(b) If veteran, Name war ✓ 3(c) Social Security No. ✓
4. Sex Female 5. Color or race Negro 6(a) Single, widowed, married, divorced Widowed
6(b) Name of husband or wife Ransom Taylor
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Set; (Month) 3 (Day) 1890 (Year)
8. AGE: 49 Years 1 Months 8 Days If less than one day hr. min.
9. Birthplace Tenn
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Lucian Hall
13. Birthplace Tenn;
MOTHER 14. Maiden name Dont Know
15. Birthplace Tenn;
16(a) Informant's own signature R. S. Taylor
(b) Address Central City Ky
17. BURIAL, CREMATION, OR REMOVAL Place Browder, Ky Date Oct. 13, 1939
18(a) Signature of funeral director Eugene Elbert
(b) Address Greenville Kentucky.
19(a) Oct. 18, 1939 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct; 11 1939
21. I hereby certify that I attended the deceased from Oct 10 1939 to Oct 11 1939, that I last saw him alive on Oct 11 1939 and that death occurred on the date stated above at 8 P M.
Immediate cause of death T. B. of Lungs
Due to 23
DURATION 2 do Not Nurse 1st Visit
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
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 3834
23. Signature J. S. Fitzhugh M D (M. D. or other)
Address Central City Date signed Oct 18 39

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH BINDING 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.