

5735

Form V. S. 1-A
COMMONWEALTH OF KENTUCKY
 Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Muhlenberg
 City Central City (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Ransom Taylor
 (a) Residence, No. Central City St. _____ Ward _____
 (Usual place of abode) (non-resident, give city or town and State)

Registration District No. 1187
 Primary Registration District No. 2435

File No. _____
 Registered No. 183

Length of residence in city or town where death occurred yrs. mos. ds. How long total yrs. mos. ds. If of foreign birth?

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Negro
 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Taylor

6. DATE OF BIRTH September 26, 1882

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
57 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Concrete laborer

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 occupation _____

12. BIRTHPLACE Tennessee

FATHER
 13. NAME Granville Taylor
 14. BIRTHPLACE Tennessee

MOTHER
 15. MAIDEN NAME Sallie Coffey
 16. BIRTHPLACE Tennessee

17. INFORMANT Katie Taylor
 (Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL
 Place Central City Date Jan. 4, 1937

19. UNDERTAKER Eugene L. Elliott
 (Address) Greenfield, Ky.

20. FILED 15 1937 W. L. Blandford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 2, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 27, 1936 to Jan. 2, 1937
 I last saw him alive on Nov. 10, 1937, death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance in order of onset were as follows:
Pulmonary tuberculosis

Date of onset Feb. 1936

Contributory 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 crushed
10-24-47
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. H. Handerson M. D.
 (Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

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