

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. USE UNFADING 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. See instructions on back of certificate.

Form V. S. 1-A—50m—11-1-29

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

4475

1 PLACE OF DEATH

County MuhlenbergVet. Pat. Andrew Hyl

Ine. Town _____

City _____

Registration District No. 1095Primary Registration District No. 46844(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)File No. 3

Registered No. _____

2 FULL NAME Walter 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 Male 4. COLOR OR RACE Black 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 10, 18847. AGE Years Months Days If LESS than 1 day hrs. or min.
Age unknown about 358. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal loader9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mines

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) Kentucky13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) _____

15. MAIDEN NAME Marie Maurine16. BIRTHPLACE (city or town) (State or country) Kentucky17. INFORMANT (Address) Cissie Taylor

18. BURIAL, CREMATION, OR REMOVAL

Place Central City Ky Date 3/21, 193319. UNDERTAKER (Address) Central City20. FILED 3-1, 1933 Don Taylor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2-29, 193322. I HEREBY CERTIFY That attended deceased from Feb 10, 1933 to Feb 27, 1933I last saw him alive on Feb 27, 1933. Death is said to have occurred on the date stated above, at 5:00 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Influenza Date of onset Feb 16Contributory causes of importance not related to principal cause: Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? MI23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1933

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? Yes, specify _____(Signed) R. T. Bailey, M. D.(Address) Central City Ky

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3-18-32