

27664

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

File No. _____

1) PLACE OF DEATH
County Muhlenberg

CERTIFICATE OF DEATH

Vet. Pct. Drakesboro #5 out Registration District No. 1088

Registered No. 26

Ine. Town #5 Primary Registration District No. 6821

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Tipton

(a) Residence. No. Drakesboro, Ky. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. - mos. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____

PERSONAL AND STATISTICAL PARTICULARS

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

6a. If married, widowed, or divorced
HUSBAND or (ex) WIFE of John Tipton

6. DATE OF BIRTH (month, day, and year) 1866

7. AGE 76 Years Months 8 Days 11
If LESS than 1 day - hrs. _____ or - min. _____

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

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) 1928 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Muhlenberg Co. Ky.
(State or country)

13. NAME William Bradley

14. BIRTHPLACE (city or town) Muhlenberg Co. Ky.
(State or country)

15. MAIDEN NAME Sarah Bradley

16. BIRTHPLACE (city or town) Muh. Co. Ky.
(State or country)

17. INFORMANT Miss Jackson
(Address) Drakesboro, Ky.

18. BURIAL, CREMATION, OR DISPOSITION Buried
Date Nov 5, 1931

19. UNDERTAKER J. H. Kimmel
(Address) Drakesboro, Ky.

20. FILED 11-20, 1931 J. H. Kimmel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931 to Nov 4, 1931

I last saw her alive on Nov 2, 1931 death is said to have occurred on the date stated above, at 9:30 a. m.

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

Cerebral hemorrhage
apoplexy

Contributory causes of importance not related to principal cause:

None

Name of operation None Date of None

What test confirmed diagnosis Specimen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

(Signed) H. D. Neuman

(Address) Drakesboro, Ky.

MARGIN RESERVED FOR BINDING
N. B.--WRITE PLAINLY, WITHOUT "FADING IN!"--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.