

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26611

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

Registered No. 513

## 1. PLACE OF DEATH

County ChristianVot. Pct. PalmyraIno. Town HopkinsvilleCity HopkinsvilleRegistration District No. 350Primary Registration District No. 4752(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Andrew Tyson(a) Residence. No. Greenville, Muhlenberg County, Kentucky (If nonresident, give city or town and State)  
(Usual place of abode)Length of residence in city or town where death occurred - yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH 18737. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
65 65

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

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 Muhlenberg County, Kentucky.13. NAME Unknown14. BIRTHPLACE Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE Unknown17. INFORMANT Western State Hospital Records(Address) Hopkinsville, Kentucky.

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_

19. UNDERTAKER Seamon Bourman(Address) Greenville Ky R.F. 1.20. FILED Dec. 1st., 1938 Ruth Bagby  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 29, 193822. I HEREBY CERTIFY, That I attended deceased from October 22, 1938 to November 29, 1938I last saw him alive on Nov. 29, 1938, death is said to have occurred on the date stated above, at 8.20 P.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

General Arteriosclerosis

Date of onset

10/22/38

Plus

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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Edward J. Sawyer, M. D.(Address) Hopkinsville, Kentucky.Western State Hospital.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.