

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. **22982**
Registrar's No. **250**

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusRegistration District No. **1085**Primary Registration District No. **7250**

1. PLACE OF DEATH:

(a) County **Muhlenberg**
(b) City or town **Heaham**
(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 **Heaham**
(If outside city or town limits write RURAL)(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A. _____ year

3(a) FULL NAME **Sandra Lee Tyson**

3(b) If veteran, _____

3(c) Social Security _____

Name war. _____

No. _____

4. Sex **Female**5. Color or race **white**6(a) Single, widowed, married,
divorced _____

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased **may 30 1941**
(Month) (Day) (Year)8. AGE: Years _____ Months **3** Days **19**
If less than one day _____ hr. _____ min.9. Birthplace **Ohio**

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name **Douglas Tyson**
13. Birthplace **Muhlenburg, Mo**MOTHER { 14. Maiden name **Luella Tyson**
15. Birthplace **Muhlenburg Co**16(a) Informant's own signature **Betty J. ...**(b) Address **Heaham Mo**

17. BURIAL, CREMATION, OR REMOVAL

Place **Carlyle B M** Date **Sept 19, 1941**18(a) Signature of funeral director **Parker & Gary**(b) Address **Greenfield 142**19(a) **7-20-41** (Date received by local registrar)
(b) **Jane K. ...** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Sept 18 1941**21. I hereby certify that I attended the deceased from **Sept 17 1941**
to **Sept 17 1941**, that I last saw **alive** on **Sept 17 1941**, and that death occurred on the date stated above at **3 A. M.**Immediate cause of death **Colitis**Due to **symptoms of ...
which a still fed
baby**

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 _____

23. Signature **M. W. Fowler** (M. D. or other)Address **Madisonville** Date signed **9-19-41**

MARGIN RESERVED FOR BINDING

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 statements of OCCUPATION is very important.