

CERTIFICATE OF DEATH

20676

File No. _____

Registered No. 11

1. PLACE OF DEATH

County MeigsVot. Pat. Johnson

Inc. Town _____

Registration District No. 1096Primary Registration District No. 6846City _____ (No. _____ St. _____
(If death occurred in a hospital or institution, give its NAME _____ head of street and number)2. FULL NAME Stallborn Tyson(a) Residence. No. _____ St. _____
(Usual place of abode) _____
If not resident, 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 Female 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) W5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bobby6. DATE OF BIRTH July 57. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min. Stallborn8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. S9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. S

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Greenwell K R 113. NAME Roy Lee Tyson14. BIRTHPLACE Ky15. MAIDEN NAME Stallborn16. BIRTHPLACE Ky17. INFORMANT Roy Tyson(Address) R-1 - Greenwell, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwell, Ky. Date July 5th 3519. UNDERTAKER Rich. Clark Co.(Address) Erlington, Ky.20. FILED 8/2 1935 Hubert Craft
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, 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:

Stallborn

Date of onset

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) J. C. Woodburn, M. D.(Address) Greenwell, Ky.

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully written in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING