

13211

Form V. S. 1-A-75m-3-30-32

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

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

Registered No. 74

## 1. PLACE OF DEATH

County Muhlenberg

Vet. Post. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1093Registration District No. 2436

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Laura Eth Wagner(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH May 77. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
79 11 9

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 Co13. NAME M. D. M. D.14. BIRTHPLACE Ky.15. MAIDEN NAME Mandy Blum16. BIRTHPLACE Ky.17. INFORMANT P. E. Wagner(Address) Greenwell Ky. R. #13

18. BURIAL, CREMATION, OR REMOVAL

Place Cherry Grove Date 4-14, 193519. UNDERTAKER M. B. McFarland & Co(Address) Greenwell Ky.20. FILES 6-6, 1935 R. P. Boucher

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 16, 193522. I HEREBY CERTIFY, That I attended deceased from April 16, 1935 to April 16, 1935I last saw her alive on April 16, 1935, 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:Edema of lungs

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. 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.