

23330

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

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

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

1 PLACE OF DEATH

County FranklinVot. Pct. 1093

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

Registration District No. 1093  
Primary Registration District No. 1432

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give NAME instead of street and number)2 FULL NAME Mrs Nora Walker(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) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

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

7. AGE Years Months Days if LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 638. 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Mich.13. NAME Marion Finley14. BIRTHPLACE (city or town) (State or country) Mich.15. MAIDEN NAME Susan Shelton16. BIRTHPLACE (city or town) (State or country) Mich.17. INFORMANT (Address) Marion Peterson  
Bevle18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Date Sept 1, 193019. UNDERTAKER (Address) M. B. McDowell  
Greenville Mich.20. FILED Sept 1, 1930 Registrar. \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 24 193022. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1930 to Aug 20, 1930. I last saw him alive on Aug 20, 1930, death is said to have occurred on the date stated above, at 4:30 AM. The principal cause of death and related causes of importance in order of onset were as follows:Typhoid Fever 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) Harry Fyfe Day, M. D.  
(Address) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH FADING 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.

By M. Wells.  
165 Sept 1930