

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

1 PLACE OF DEATH

File No. _____

County Muhlenberg

Registered No. _____

Vot. Pct. CharlesRegistration District No. 1096

Inc. Town _____

Primary Registration District No. 6844

City _____

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Rebecca Delpha Ward(a) Residence. No. _____ St., _____ Ward (If nonresident, give city or town and State)
(Usual place of abode)

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) Divorced5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 6/2, 18657. AGE Years Months Days If LESS than 1 day hrs. or min.
6 6 6 58. 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) Muhlenberg
(State or country)13. NAME James W. Ward14. BIRTHPLACE (city or town) North Carolina
(State or country)15. MAIDEN NAME Mary Jane Young16. BIRTHPLACE (city or town) Hopkinsville, Ky.
(State or country)17. INFORMANT (Address) Central City, Kentucky18. BURIAL, CREMATION, OR REMOVAL
Place Antioch Date 12/8, 193219. UNDERTAKER (Address) Greenville, Kentucky20. FILED 1/10, 1933 Shaw Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/6, 193222. I HEREBY CERTIFY, That I attended deceased from 12/5/32, 1932 to 12/6/32, 1932
I last saw alive on 12/6/32, death is said to have occurred on the date stated above, at 11.35 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:Uterine Prolapse Date of 12/5/32

Contributory causes of importance not related to principal cause:

Name of operation None 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? No If so, specify _____(Signed) J. J. Sledge, M. D.(Address) Hopkinsville, Ky.

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. 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.

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