

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

222.17

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

Registered No. 64

PLACE OF DEATH  
County Muldenburg  
Vot. Pct. West Central City  
Ino. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 1087Primary Registration District No. 24352. FULL NAME Ferdine Warren IF VETERAN, WHAT WAR? \_\_\_\_\_(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. \_\_\_\_\_ U. S. of foreign birth? yrs. mos. ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>W</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>July 24 - 1864</u>		
6. DATE OF BIRTH		
7. AGE <u>72</u>	Years	Months
		Days
		If LESS than 1 day..... hrs. or..... min.
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 Ky13. NAME Washington Williams14. BIRTHPLACE Ky15. MAIDEN NAME Alice Watkins16. BIRTHPLACE Ky17. INFORMANT Mrs. Bessie Acuff(Address) Linn Co. Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 7-7, 193719. UNDERTAKER E. Brucker(Address) W. Brannen, Ky.20. FILED 76, 1937, W. L. Woodard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-5, 193722. I HEREBY CERTIFY, That I attended deceased from  
June 26, 1937 to July 5, 1937  
I last saw him alive on June 26, 1937; death is said  
to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Pulmonary Tuberculosis Date of onset \_\_\_\_\_73Contributory 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 \_\_\_\_\_ 10 \_\_\_\_\_  
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. P. Walton, M.D.  
(Address) Central City, Ky.

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. PHYSICIAN 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.