

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 1466

1. PLACE OF DEATH

County Muhlenberg
Vot. Pct. Central City, Ky. Registration District No. 1085
Inc. Town _____ Primary Registration District No. 3435
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution give its NAME instead of street and number)

2. FULL NAME Eddy Nelson Weatherford

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (non-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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced write the word

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

6. DATE OF BIRTH 5-2-1940

7. AGE Years _____ Months _____ Days 1 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

13. NAME Cecil Weatherford

14. BIRTHPLACE _____

15. MAIDEN NAME Pauline Skirwith

16. BIRTHPLACE _____

17. INFORMANT Cecil Weatherford
(Address) Central City, Ky.

18. BURIAL, CREMATION, or other disposal Skirwith Family Cemetery
Place _____ Date 5-3-40

19. UNDERTAKER Cook's Funeral Home
(Address) Central City, Ky.

20. FILED 5-3-40 Family Data
By G. L. Bland, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5-3-40, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1940 to May 3, 1940
I last saw him alive on May 2, 1940. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Asphyxia
occurring during
birth Date of onset during birth

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 _____ 1940

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 _____

Was disease or injury in any way related to occupation of deceased? _____ If so, specify 3734

(Signed) J. F. Hays, M. D.
(Address) Central City, 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.