

20164

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

File No. _____

Registered No. 62

Form V. S. 1-50m-8-23-27

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. Central City

Inc. Town _____

City _____

Registration District No. 1087

Primary Registration District No. 2435

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James B. Weaver

(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 male 4 COLOR OR RACE white 5 Single married
Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Weaver

6 DATE OF BIRTH June 16 1877
(Month) (Day) (Year)

7 AGE 70 yrs. 64 mos. 14 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Book keeper
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Corydon Ind.

PARENTS 10 NAME OF FATHER Wm. Weaver
11 BIRTHPLACE OF FATHER (city or town) (State or country) Corydon Ind.
12 MAIDEN NAME OF MOTHER Louisa Binkley
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Corydon Ind.

14 (Informant) Annie Weaver
(Address) Central City

15 Filed 6/2, 1936 A. L. Bland Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15 1936
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 26, 1936, to June 15, 1936, that I last saw him alive on June 15, 1936, and that death occurred on the date stated above at 9:00 a.m. The CAUSE OF DEATH* was as follows:
Diphtheria

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. H. ..., M. D. 6-5-36 (Address) West Liberty

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Corydon, Ind. DATE OF BURIAL June 3, 1936

20 UNDERTAKER George A. Kraft ADDRESS New Albany, Ind.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MAKING KNOWN FOR RECORD
N. B.—Every item of Informatic. could 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.