

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

27652

1 PLACE OF DEATH  
County MuhlenbergVol. Central CityIno. Town Central CityCity Central CityRegistration District No. 1087Primary Registration District No. 2425

St., ..... Ward

File No. ....

Registered No. 64

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Paula Thomas Webb

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

April 1, 1895  
(Month) (Day) (Year)

7 AGE

36 yrs. 7 mos. 9 ds.

IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Ky.

10 NAME OF FATHER

Joe Cutty

11 BIRTHPLACE OF FATHER (State or country)

Tenn

12 MAIDEN NAME OF MOTHER

Sarah Brigance

13 BIRTHPLACE OF MOTHER (State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Tom Webb(Address) Central City, Ky.

15

Filed 11/11, 1931A. L. Blandford

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 10, 1931  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from Nov 5, 1931, to Nov 10, 1931,that I last saw him alive on Nov 10, 1931,

and that death occurred on the date stated above

at 9:30 am. The CAUSE OF DEATH\* was as follows:Labor. Pneumonia108..... (Duration)..... yrs..... mos. 5 ds.Contributory Premature Labor..... (Duration)..... yrs..... mos. 3 ds.(Signed) J. S. St.oughton, M. D.Nov 10, 1931. (Address) Central City, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

Pinches BluffDATE OF BURIAL 11-11, 1931

20 UNDERTAKER

Arthur L. MosleyADDRESS Central City, Ky.

U. S.—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 certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.