15355

Form V. S. 7-A

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

1. PLACE OF DEATH

County _Muhlenberg_

Vot. Pct. _____

Inc. Town _____

City _Greenville, Ky._

Registration District No. _1093_

Primary Registration District No. _2436_

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

File No. _____

Registered No. _54_

2. FULL NAME _Fannie Atkins Weeks_ 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. ___ How long in U. S., if of foreign birth? yrs. ___ mos. ___ ds. ___

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _F._   **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 _Henry Weeks_

6. DATE OF BIRTH _July 7, 1879_

7. AGE Years _58_   Months _11_   Days _11_   If LESS than 1 day ... hrs. ___ or ... min. ___

OCCUPATION

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 _Greenville, Kentucky_

FATHER

13. NAME _James Tate_

14. BIRTHPLACE _Greenville, Kentucky_

MOTHER

15. MAIDEN NAME _Mary Durham_

16. BIRTHPLACE _Greenville, Kentucky_

17. INFORMANT _Henry Weeks_
(Address) _Cincinnati, Ohio_

18. BURIAL, CREMATION, OR REMOVAL
Place _Friendship_ Date _June 20, 1938_

19. UNDERTAKER _Arthur L. Moseley_
(Address) _Central City, Kentucky_

20. FILED _6-20_, 19_38_ _R.P. Counther_
Registrar

21. DATE OF DEATH _June 18_, 19_38_

22. I HEREBY CERTIFY, That I attended deceased from _6-13_, 19_38_ to _June 18_, 19_38_

I last saw her alive on _June 18_, 19_38_ death is said to have occurred on the date stated above, at _4:50_ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Fracture of 7th dorsal spine	
Acute heart failure	
after illness (Hemorrhage)	

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 _____ 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 _Over turned motor_
Nature of injury _Fractured Vertebrae - thigh_

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

(Signed) _A. Thompson_, M. D.
(Address) _Greenville, Ky._