

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 214

1. PLACE OF DEATH

County MuhlenbergVot. Prec. 25Registration District No. 1094Ino. Town Clepton, Ky.Primary Registration District No. 6841

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Margaret West(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. of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write the word) Widowed

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

6. DATE OF BIRTH August 3, 18567. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
81 10 20

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 White County, Ill.13. NAME State Moore14. BIRTHPLACE Davit Know15. MAIDEN NAME Davit Know16. BIRTHPLACE Davit Know

17. INFORMANT _____

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Miller Date June 24, 193819. UNDERTAKER Arthur J. Mosely by M. Baker(Address) Central City, Ky.20. FILED June 24, 1938 Vannie Thomas

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 23, 1938, 1938I HEREBY CERTIFY, That I attended deceased from June 22, 1938 to June 23, 1938. I last saw her alive on June 23, 1938. Death is said to have occurred on the date stated above, at 6 m. The principal cause of death and related causes of importance in order of onset were as follows:Gastro Enteritis and Acute Colitis

Date of onset _____

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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____, so, specify _____

(Signed) LeRoy Willis, M. D.(Address) Spencer, KyMARGIN 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. 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.