

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. 88

## 1. PLACE OF DEATH

County MadisonVet. Pot. Central City

Ino. Town \_\_\_\_\_

Registration District No. 1087Primary Registration District No. 2435City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Sal 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., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. Single, Married, Widowed  
or Divorced (write the word)  
Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH May 8th 1892

7. AGE

Years 40Months 8Days 4If LESS than  
1 day ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. ....Owner9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. ....Coal burner10. Date deceased last worked at  
this occupation (month and  
year) Dec. 11, 192911. Total time (years)  
spent in this  
occupation 18 yrs12. BIRTHPLACE Kentucky13. NAME Parker Robert14. BIRTHPLACE Kentucky15. MAIDEN NAME Pearl Gibson16. BIRTHPLACE Kentucky17. INFORMANT H. A. ...(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Walton Cemetery Date 1/13/193319. UNDERTAKER J. J. ...(Address) Central City Ky20. FILED 1/13/1933

1933

A. L. Blair, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 12th 193322. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said  
to have occurred on the date stated above, at 12:00 m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Myocardial insufficiencyDate of  
onsetContributory 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? No If so, specify \_\_\_\_\_(Signed) R. H. Allen, Coroner308-307 (Address) Central City Ky

1-30-33

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.