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Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

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

State File No.  
Registrar

237

Registration District No. 1085 Primary Registration District No. 2437

1. PLACE OF DEATH: Inhabited Rf  
(a) County Muhlenberg  
(b) City or town  
(c) Name of hospital or institution: none

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Mollenberg  
(c) City or town Rural  
(d) Street No. #32  
(e) If foreign born, how long in U. S. A. 7 years

(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community: none (years, months or days)

3(a) FULL NAME Maude Smith  
3(b) If veteran, (c) Social Security  
Name war No.

4. Sex Female 5. Color race Colored 6(a) Single, widowed, married, divorced Single

5(b) Name of husband or wife

5(c) Age of husband or wife if alive

7. Birth date of deceased: June 15 - 1900 (Month) (Day) (Year)

8. AGE: 39 Years 9 Months 20 Days If less than one day hr. min.

9. Birthplace Penrose Ky

10. Usual occupation House Keeping

11. Industry or business

FATHER 12. Name George Smith

13. Birthplace Penrose Ky

MOTHER 14. Maiden name Mattie Morgan

15. Birthplace Rosewood Ky

16(a) Informant's own signature Clyde Morgan

(b) Address Drakeboro Ky

17. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Date 6-20-40

18(a) Signature of funeral director Blake

(b) Address Drakeboro Ky

19(a) (Date received by local registrar) 4-7-40 (b) James Cates (Registrar's signature)

DEL  
MEDICAL CERTIFICATION  
20. DATE OF DEATH Apr 5 1940  
21. I solemnly certify that I attended the deceased from Mar 30 1940 to Apr 5 1940 that I last saw him alive on Mar 30 1940 and that death occurred on the date stated above at 5:45 P.M.

Immediate cause of death Pericarditis 2 mo.  
Due to Pregnancy and overwork.

Other conditions (include pregnancy within 3 months of death)  
Major findings: Pregnancy, labor and pedit partum hemorrhage

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? In or about home, farm, industrial place, in public place? (Specify type of place)

While at work? No Means of injury 6870  
22. Signature H. D. Newman  
Address Drakeboro, Ky. 6/6/1940

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. PH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.