

20361

Form T. B. 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. 344
Registrar's No. 344

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH
(a) County Warren
(b) City or town Central City, Kentucky
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Kublenberg
(c) City or town Central City, Kentucky
(If outside city or town limits, write RURAL)
(d) Street No. 18 Oak Road Street
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Jennie Stroud Withers

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

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

6(b) Name of husband or wife John Withers

6(c) Age of husband or wife, if alive _____ Years

7. Birth date of deceased September 20 1907
(Month) (Day) (Year)

8. AGE: Years 83 Months _____ Days 13 If less than one day hr. _____ min.

9. Birthplace Near Central City, Kublenberg Co., Ky.

10. Usual occupation Retired

11. Industry or business _____

FATHER { 12. Name John Stroud

13. Birthplace Kublenberg County, Ky.

MOTHER { 14. Maiden name May E. Barber

15. Birthplace Kublenberg County, Kentucky

16(a) Informant's own signature Mrs. Lucy Jones

(b) Address Central City, Kentucky

17. BURIAL, CREMATION, OR REMOVAL
Place Central City, Ky. Date 10/9 1940

18(a) Signature of funeral director Wagner Funeral Home

(b) Address Central City, Kentucky

19(a) 9/19/1940 (Date received by local registrar) (b) James Carter (Registrar's signature)

By C. L. Standford, Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8th 1940

21. I hereby certify that I attended the deceased from Aug 1 1940 to Oct 8 1940 that I last saw her alive on Oct 8 1940 and that death occurred on the date stated above at 7:25 P. M.

Immediate cause of death Broncho Pneumonia

Due to Myocarditis

DURATION 4 days

Other conditions 930-107
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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, on farm, in industrial place in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury 4642

23. Signature J. H. Harralson (M. D. or other)

Address Central City, Ky. Date signed Oct 8 1940

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