

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **25926**
Registered No. **962**

1 PLACE OF DEATH

County **Washington**Vet. Post **6**Registration District No. **1885**Ins. Town **Paradise**Primary Registration District No. **2546-2006**City **15**

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME **Nether Woodard**

(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 **Female** 4 COLOR OR RACE **White** 5 Single **Married**
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of **W. J. J. Woodard**
(or) WIFE of

6 DATE OF BIRTH **Dec - 5 1892**
(Month) (Day) (Year)

7 AGE **46 yrs. 10 mos. 15 ds.** IF LESS than 1
day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work **Homemaker**
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) **Washington Co Ky**
(State or country)

PARENTS

10 NAME OF FATHER **Will Russell**11 BIRTHPLACE OF FATHER (city or town) **Washington Co Ky**
(State or country)12 MAIDEN NAME OF MOTHER **Ethel Williams**13 BIRTHPLACE OF MOTHER (city or town) **Washington Co Ky**
(State or country)14 (Informant) **W. J. J. Woodard**(Address) **Paradise 15**15 Filed **10-21-1939 James Carter**

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **October 20 1939**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from **Oct 18 1939** to **Oct 20 1939**
that I last saw her alive on **Oct 20 1939**

and that death occurred on the date stated above at **410 P. M.**
The CAUSE OF DEATH* was as follows:

Cancer of Stomach

Duration **2 yrs. - mos. - ds.**
Contributory **Bronchitis (not t.b.)**
(Secondary)

(Duration) **1 yrs. - mos. - ds.**

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? **No** Date of **none**Was there an autopsy? **No** **6510**What test confirmed diagnosis? **Symptoms**

(Signed) **H. D. Newman** M. D.
Oct 21, 1939 (Address) **Drakesboro Ky**

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR CREMATION DATE OF BURIAL

Nelson Creek Ky 10-21-1939

20 UNDERTAKER ADDRESS

Edmund Drakesboro 15

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B.—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. See instructions on back of certificate.

MAKING REQUEST FOR EXEMPTION