FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 13366

Registered No. 73

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. No. 5 Registration District No. 872
Ino. Town Drakesboro Primary Registration District No. 7125
City (No. St., Ward)

2 FULL NAME Sallie A. Woods

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Negro
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June 9, 1921 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. ..... ds.
IF LESS than 1 day ... hrs. or 30 min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Drakesboro Ky

PARENTS
10 NAME OF FATHER: Geo T. Woods
11 BIRTHPLACE OF FATHER (State or country): Logan Co., Ky
12 MAIDEN NAME OF MOTHER: Hattie B. Ellis
13 BIRTHPLACE OF MOTHER (State or country): Drakesboro, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo T. Woods
(Address) Drakesboro Ky

15 Filed 4/10, 1924 J. R. Kimmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 9, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 9, 1921, to June 9, 1921, that I last saw her alive on June 9, 1921, and that death occurred on the date stated above at 5:30 a m. The CAUSE OF DEATH* was as follows:

Premature Birth
Born at the 6th Month.
(Duration) .... yrs. ..... mos. ..... ds.

Contributory (SECONDARY)
(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) H. D. Neumann, M. D.
June 9, 1921 (Address) Drakesboro Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds. Ky
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Drakesboro Ky — DATE OF BURIAL: June 9, 1921

20 UNDERTAKER: Geo McReynolds & Co — ADDRESS: Drakesboro Ky

11—3184

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.