

MARGIN RESERVED FOR BINDING

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

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23081

File No. _____

Registered No. _____

PLACE OF DEATH

County Myshkenberg

Vet. Pet. Insurance Registration District No. 1090

Ine. Town _____ Primary Registration District No. 2439

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Jane Woods

(a) Residence. No. 100 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 4 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Woods

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 92 Months 6 Days 20 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 26 1935 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Jefferson Hunt

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Cenia

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) R. H. Hunt

18. BURIAL, CREMATION, OR REMOVAL Place Home Date Sept 30, 1935

19. UNDERTAKER (Address) T. H. Reynolds & Co

20. FILED Oct 1, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935 to Sept 29, 1935
I last saw her alive on Sept 26, 1935, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

Injured by a fall
fractured femur
Date of onset Sept 28, 1935

Contributory causes of importance not related to principal cause:
Shack Yellowing
Fall
Date of onset Sept 28, 1935

Name of operation None Date of home examination Sept 28, 1935
What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide accident Date of injury Sept 28, 1935

Where did injury occur? In home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fall on floor
Nature of injury fractured femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____
(Signed) H. D. Newman, M. D.
(Address) Shakesboro, Ky.