

9027

Form V. S. 1-A

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

File No. 8
Registered No. _____

1. PLACE OF DEATH

County Muhlenberg
Vot. Pct. Beech Creek
Inc. Town _____

Registration District No. 1092
Primary Registration District No. 6828A

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

2. FULL NAME Mrs. Esther Alice Wyatt

(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, Widowed or Divorced (write the word) widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH July 1 - 1858
7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
78 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year).
11. Total time (years) spent in this occupation.

12. BIRTHPLACE Muhlenberg Co. Ky

13. NAME J. J. Cundiff

14. BIRTHPLACE Muhlenberg Co. Ky

15. MAIDEN NAME Fannie Stead

16. BIRTHPLACE Muhlenberg Co. Ky

17. INFORMANT D. M. Johnston
(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Cheney Co. Ky Date March 26, 1937

19. UNDERTAKER M. B. McDonald
(Address) Greenville Ky

20. FILED 4/2 1937 Victor Johnston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1937 to Mar 25, 1937.
I last saw him alive on Mar 25, 1937. death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Hemorrhage 3/22/37
Contributory causes of importance not related to principal cause:
General Arteriosclerosis 1930

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury /
Nature of injury /

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) Gardner Wilson M. D.
(Address) Greenville Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Do Wilson