

26555

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 69

PLACE OF DEATH
County Muhlenberg

Vet. Pet. Must Be Signed Registration District No. 1093

Town Greenwell Primary Registration District No. 6833

City Greenwell St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Christa Wynn

(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 7 4. COLOR OF HAIR Blk 5. Single, Married, Widowed or Divorced (write the word)
Married

5a. If married, widowed, or divorced
HUSBAND of Ward Wynn
or WIFE of _____

6. DATE OF BIRTH April 17, 1906

7. AGE Years 29 Months 3 Days 20 If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife

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 Ky

FATHER 13. NAME A. Y. Finley

14. BIRTHPLACE Ky

MOTHER 15. MAIDEN NAME Jessie Allen

16. BIRTHPLACE Ky

17. INFORMANT A. Y. Finley
(Address) Greenwell Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwell Chapel Date 8/8/35

19. UNDERTAKER Greenwell Terminal
(Address) Greenwell Ky

20. FILED 8-8 35 P. Coetziger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1931 to Aug 7, 1935.
I last saw her alive on Aug 7, 1935. Death is said to have occurred on the date stated above, at Greenwell.
The principal cause of death and related causes of importance in order of onset were as follows:

Typhoid fever Date of onset _____

Contributory causes of importance not related to principal cause:

Hemorrhage

Name of operation _____ Date of _____
What test or _____ confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) E. R. Galt, M. D.
(Address) Greenwell Ky

AGE should be stated EXACTLY. PHYSICIAN 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.