

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 667

1. PLACE OF DEATH

County Mc CrackenVet. Post Paducah

Inc. Town _____

City _____

Registration District No. 935Primary Registration District No. 2360(No. _____ (Name of _____ Hospital or Institution, give its NAME instead of street and number)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Bayler Young(a) Residence, No. Shelby 147 St. _____
(Usual place of abode)Ward Riverside Hospital
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jan 21 - 18737. AGE 61 Yrs. _____ Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

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 Dunklin Co. Ky.13. NAME W. Record

14. BIRTHPLACE _____

15. MAIDEN NAME _____

16. BIRTHPLACE _____

17. INFORMANT Clara Young(Address) 1 Benton 147

18. BURIAL, CREMATION, OR REMOVAL

Place Brentburg Date Dec 12 193419. UNDERTAKER Truff Liebert(Address) Benton 14720. FILED Dec 11, 1934 Willie Mae Lewis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 10, 193422. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934 to Dec 10, 1934I last saw him alive on Dec 10, 1934, death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Acute Perforative Appendicitis Date of onset 12/8/34

Contributory causes of importance not related to principal cause: _____

Name of operation Appendectomy Date of 12/9/34
What test confirmed diagnosis? _____ Was there an autopsy? no23. 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? yes If so, specify _____(Signed) W. Jackson, M. D.(Address) Paducah, Ky.Dr. Jackson

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. 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.