

27156

Form V. S. 1-11-100m-9-9-30

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

File No. _____

1 PLACE OF DEATH
County Monroe

Registered No. _____

Vot. Pct. # 4

Registration District No. 6

Inc. Town _____

Primary Registration District No. _____

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

2 FULL NAME Della Monday

(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) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

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

7. AGE _____ Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or min. 5-0

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Thy (State or country) _____

13. NAME Randolph Beards

14. BIRTHPLACE (city or town) Thy (State or country) _____

15. MAIDEN NAME Lucie Moore

16. BIRTHPLACE (city or town) Thy (State or country) _____

17. INFORMANT (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place Center Point (Date) 24. 12. 1933

19. UNDERTAKER (Address) _____

20. FILED Dec 4, 1933 Walter Pichler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him / her alive on _____, 19____, 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:

Psch. jaw, caused from sticking rusty nail in foot
Contributory causes of importance not related to principal cause: _____

Date of onset

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

23. If death was due to external causes (violence) fill in also the 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) _____, M. D.
(Address) _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should be carefully supplied. 7 should be clearly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.