

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF DEATH

County Cumberland

Vot. Pct. 100 LG

Registration District No. 407

Inc. Town Marrons Cove Primary Registration District No. 4900

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

2. FULL NAME Mrs. Eliza Wood

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

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Wood (Deid)

6. DATE OF BIRTH \_\_\_\_\_ 7. AGE \_\_\_\_\_  
Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Housekeeper

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE Ky.

13. NAME William Moore

14. BIRTHPLACE Ky.

15. MAIDEN NAME Dora Ann

16. BIRTHPLACE Ky.

17. INFORMANT William Moore  
(Address) Marrons Cove Ky.

18. BURIAL, CREMATION, OR REMOVAL  
Place Cumb. Co. Date Apr. 9, 1935

19. UNDERTAKER E. R. Davis  
(Address) Marrons Cove

20. FILED Apr. 9, 1935 Lyda Woodham  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 8, 1935

22. I HEREBY CERTIFY That I attended deceased from April 7, 1935 to April 8, 1935. I last saw her alive on April 7, 1935; death is said to have occurred on the date stated above, at 10 m. The principal cause of death and related causes of importance in order of onset were as follows:

Hypertension Date of onset 1928

Contributory causes of importance not related to principal cause:

Myocardial Insufficiency 34

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 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) E. R. Davis M. D.  
(Address) Marrons Cove Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 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.