

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17299

File No. _____

Registered No. 6

1. PLACE OF DEATH
County Montrose
Vot. Pct. Fountain Run Registration District No. 1067
Ine. Town Fountain Run Primary Registration District No. 6746
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give name instead of street and number)

2. FULL NAME Ellen Goodman
(a) Residence No. Fountain Run Ky 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. New 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 or (or) WIFE of Widowed

6. DATE OF BIRTH

7. AGE Years 77 Months 11 Days 20 If LESS than 1 day hrs. or min.

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

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 Montrose Co

MOTHER/FATHER

13. NAME Ben M. Moore

14. BIRTHPLACE _____

15. MAIDEN NAME Bettie Parish

16. BIRTHPLACE Montrose Co

17. INFORMANT Barb Goodman
(Address) Fountain Run Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Fountain Run Cem Date May 24 1936

19. UNDERTAKER J. C. Jones
(Address) Fountain Run Ky

20. FILED May 24 1936 J. B. Reese
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1931 to May 23, 1936
I last saw her alive on May 27 1936, death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial Disease of Heart 1931

Contributory causes of importance not related to principal cause:

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) J. D. Hughes, M. D.
(Address) Fountain Run Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING 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.