

5168

Form V. S. 1-B-50m-11-1-29

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

File No. _____

Registered No. _____

PLACE OF DEATH

County MitchVot. Post. E. BaggesRegistration District No. 1093

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 Erander B. Busby

(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 male | 4. COLOR OF RACE white | 5. Single, Married, Widowed or Divorced (write the word) married

6a. 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
65 3 20 1 day _____ hrs. _____
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Demm
(State or country)

MOTHER/FATHER:

13. NAME John B. Busby14. BIRTHPLACE (city or town) ky
(State or country)15. MAIDEN NAME Legger Bevins16. BIRTHPLACE (city or town) ky
(State or country)17. INFORMANT B. E. Galemann
(Address) Erander B.

18. BURIAL, CREMATION, OR REMOVAL
Place First Grove Date 8/11, 1931

19. UNDERTAKER Om B. McDonald
(Address)

20. FILED 2/28, 1931 B. E. Galemann
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 2/28, 1931

22. I HEREBY CERTIFY, That I attended Deceased from 7/26, 1931 to 2/28, 1931

I last saw h alive on 2/27, 1931, death is said to have occurred on the date stated above, at 6:30 m.

The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis130

Date of onset

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 _____ 1931

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) B. E. Galemann, M. D.

(Address) 4 - Valle 14

MARGIN RESERVED FOR BINDING

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