

24613

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

1 PLACE OF DEATH

County Martin

File No.

Vet. Pct. Registration District No. 2436

Registered No.

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 Caroline Russell

(a) Residence. No. St., Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Widowed or Divorced (Write the word)

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

6 DATE OF BIRTH (Month) (Day) (Year)

7 AGE 84 yrs. mos. ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Don't know (State or country)

PARENTS 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (city or town) (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 (Informant)

(Address)

15 Filed 10-18, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1933. (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw her alive on Sept 25, 1933 and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(Duration) 2 1/2 yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? What test confirmed diagnosis?

(Signed) E. H. Hays, M. D. W. L., 1933 (Address) Greenville Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL Oct 29, 1933.

20 UNDERTAKER M. B. McDaniel ADDRESS Greenville Ky

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.

SPACE RESERVED FOR NOTES