

7703

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

File No. _____

1 PLACE OF DEATH

County Wickliffe

Vot. Pct. South Carrollton

Registration District No. 1085

Registered No. 9

Inc. Town _____ Primary Registration District No. 2498

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

2 FULL NAME Repsy Jane Bauer

(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) Widow

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 1 day _____ hrs. or _____ min.
48 2 1

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, 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) _____ (State or country) Ky

13. NAME Silar Taylor

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

15. MAIDEN NAME Mary Ellen Taylor

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

17. INFORMANT Wendell S. Jarver (Address) South Carrollton

18. BURIAL, CREMATION, OR REMOVAL Place South Carrollton Date 7/8, 1937

19. UNDERTAKER J. P. ... (Address) ...

20. FILED 3/10, 1937 Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Mar 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1937 to Mar 6, 1937, 1937

I last saw her alive on Mar 6, 1937, death is said to have occurred on the date stated above, at 7:40 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Age compatible with
Heart failure

Contributory causes of importance not related to principal cause: _____

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

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1937

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? Yes If so, specify _____

(Signed) W. P. Jarver, M. D.
(Address) South Carrollton, Ky.

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.

OCCUPATION

MOTHER FATHER