

23079

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. ....

Registered No. 100

1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. 15

Inn. Town Bevier Ky

City .....

Registration District No. 1094

Primary Registration District No. 6240

(No. 1 St. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Geneva Swafford

(a) Residence, No. Bevier Ky Ward .....

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 W 5. Single, Married, Widowed, Divorced (write the word) Single

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

6. DATE OF BIRTH April 2nd 1916

7. AGE Years 19 Months 5 Days 12 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at school

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 Kentucky

13. NAME Ed Swafford

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Frances Slattery

16. BIRTHPLACE Bevier Ky

17. INFORMANT Ed Swafford

(Address) Bevier Ky

18. BURIAL, CREMATION OR REMOVAL Wynath Chapel Date 9/15/1935

19. UNDERTAKER J. J. ...

(Address) Bevier Ky

20. FILED Sept 16 1935 Vannie Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 I last saw him alive on 19 month in said to have occurred on the date stated above, at 5:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Tuberculosis, Pulmonary Date of onset 1934

1/3

Contributory causes of importance not related to principal cause: None

Name of operation None 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? .....

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? .....

(Signed) W. M. G. ... M. D.

(Address) Drakesboro, Ky

MARGIN RESERVED FOR BINDING  
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN 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 this certificate.