

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

4835

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County Martin  
Vot. Pat. Greenville  
Inc. Town \_\_\_\_\_Registration District No. 1093  
Primary Registration District No. 2434City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Steve Rawn(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				
6. DATE OF BIRTH <u>Feb 21-34</u>				
7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	11. Total time (years) spent in this occupation .....
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) .....	

12. BIRTHPLACE Greenville Ky13. NAME Francis Campbell14. BIRTHPLACE Deuburied15. MAIDEN NAME Wanita Blanch Carr16. BIRTHPLACE Martin17. INFORMANT Blanch Carr(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place \_\_\_\_\_ Date Feb 23, 193419. UNDERTAKER Chas. L. Cook

(Address) \_\_\_\_\_

20. FILED Jan 24 1934 C. D. Williams  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 22, 1934, 19\_\_\_\_22. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:

<u>Pneumonia</u>	Date of onset
<u>215</u>	
Contributory causes of importance not related to principal cause:	
<u>Dead in Union</u>	

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? \_\_\_\_\_ If so, specify \_\_\_\_\_(Signed) E. L. Tate, M. D.(Address) Greenville, KentuckyBy M. Wells

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL OCCUPATION is very important. See instructions on back of certificate. Exact statement of OCCUPATION is very important. See instructions on back of certificate.