

13203

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

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

File No. _____
Registered No. 2

PLACE OF DEATH

County Washburn

Vet. Pat. Ennis Ky Registration District No. 10 57

Inc. Town _____ Primary Registration District No. 2868

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

2 FULL NAME Jimmie W. Cartwright

(a) Residence No. Ennis Ky St., _____ Ward _____
(Usual place of abode) (If decedent, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

21. DATE OF DEATH (month, day, and year) Apr 28, 1935

6a. If married, widowed, or divorced HUSBAND OF Nettie Cartwright

22. I HEREBY CERTIFY That I attended deceased from Jan, 1933 to Apr 28, 1935
I last saw him alive on Mar 11, 1935, death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH (month, day, and year) Apr 16 1869

7. AGE Years 66 Months — Days 12 If LESS than 1 day _____ hrs. or _____ min.

Ulcer of Stomach 1933

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Date of onset

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Contributory causes of importance not related to principal cause:

10. Date deceased last worked at this occupation (month and year) 1932

Hemorrhage of Apr Stomach and Bowels 28 35

11. Total time (years) spent in this occupation 50

Name of operation none Date of none

12. BIRTHPLACE (city or town) Butler Co Ky

What test confirmed diagnosis? Symptoms Was there an autopsy? No

13. NAME John Cartwright

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

14. BIRTHPLACE (city or town) Ky

Where did injury occur? none
(Specify city or town, county, and State)

15. MAIDEN NAME Mariant Brown

Specify whether injury occurred in industry, in home, or in public place. no injury

16. BIRTHPLACE (city or town) Ky

Manner of injury no injury

17. INFORMANT Artie Cartwright

Nature of injury no injury

18. BURIAL, CREMATION, OR REMOVAL Place Simmons (Ennis Ky) Date Apr 29 1935

19. UNDERTAKER J. A. Robinson

24. Was disage or injury in any way related to occupation of deceased? no If so, specify none

20. May 13, 1935 W. B. Fleming Registrar

(Signed) H. D. Newman, M.D.
(Address) Drakesboro, Ky

N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.