

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23037

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

Registered No. 97

## 2. PLACE OF DEATH

County MuhlenbergVet. Post N. Central City

Inc. Town \_\_\_\_\_

Registration District No. 1085Primary Registration District No. 7498City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)3. FULL NAME N. A. Carver IF VETERAN, WHAT WAR? \_\_\_\_\_(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) \_\_\_\_\_6a. If married, widowed, or divorced HUSBAND of Married (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH \_\_\_\_\_

7. AGE 77 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. Retired Farmer

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 Muhlenberg13. NAME Abel Carver14. BIRTHPLACE Ky.15. MAIDEN NAME Rhoda Fair16. BIRTHPLACE Ky.17. INFORMANT John Carver  
(Address) Central City18. BURIAL, CREMATION, OR REMOVAL  
Place Shelburne Co. Date Sept 30, 193819. UNDERTAKER Parker & Gary  
(Address) Greenville Ky20. FILED 9-30, 1938 James Carter  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m. The principal cause of death and related causes of importance in order of onset were as follows:Acute Nephritis

Contributory causes of importance not related to principal cause: \_\_\_\_\_

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 \_\_\_\_\_  
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) B. G. Urquhart, M.D.  
(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 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.