

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Washington  
 Vol. No. Paradise, Ky. Registration District No. 1089  
 Inc. Town..... Primary Registration District No. 6873  
 City..... (No. .... St., .... Ward)

File No. 23486Registered No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 FULL NAME Alpha Hatcher Casbeer

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>April 12</u> (Month) (Day) (Year) <u>1912</u>		
7 AGE <u>16</u> yrs. <u>4</u> mos. <u>12</u> ds.		IF LESS than 1 day ..... hrs. or ..... min?
8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... <u>Housewife</u>		
9 BIRTHPLACE (State or country) <u>Ohio Co., Ky.</u>		

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>Sept 6</u> (Month) (Day) (Year) <u>1928</u>
17 I HEREBY CERTIFY, That I attended dece from <u>Sept 5</u> 1928, to <u>Sept 6</u> 1928 that I last saw her alive on <u>Sept 5</u> 1928 and that death occurred on the date stated above at..... m.
The CAUSE OF DEATH* was as follows: <u>148</u> <u>Convulsions (Puerperal)</u> (Duration) ..... yrs. .... mos. <u>2</u> ds.

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) A. D. Newman, M. D.

Sept 7 1928 (Address) Drakesboro, Ky.  
 \*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 at place ..... In the  
 of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
 Where was disease contracted,  
 if not at place of death?  
 Former or  
 usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Drakesboro, Ky. Sept 7 1928

20 UNDERTAKER ADDRESS  
J. R. Kinross Drakesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hubert Wagner(Address) Drakesboro, Ky.15 Filed Sept 8 1928 Martha D. Fox

Registrar

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

Robert

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