

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

23843

1 PLACE OF DEATH
County Mullins

File No. _____

Vot. Pct. _____

Registration District No. 1087Registered No. 65Inc. Town Central CityPrimary Registration District No. 2495

City _____

(No. _____ St. _____ Ward _____)

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

2 FULL NAME Emma Y. Harshen(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 Female 4 COLOR OR RACE White 5 Single Widowed
Married Widowed
Widowed or Divorced (Write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Left 3th 18416 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 86 yrs. mos. 11 ds. IF LESS than 1
day _____ hrs.
or _____ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Housewife
(b) General nature of industry,
business or establishment in
which employed (or employer)9 BIRTHPLACE (city or town)
(State or country) Kentucky10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown12 MAIDEN NAME OF MOTHER Unknown13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown14 (Informant) Bud Harshen(Address) Central City Ky15 Filed Oct 21 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 20th 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from 5:30, 1929, to 2:30, 1929
that I last saw him alive on 20, 1929
and that death occurred on the date stated above at 5:30 pm.
The CAUSE OF DEATH* was as follows:
arteriosclerosisContributory (Secondary) _____
(Duration) 2 yrs. mos. ds.(Duration) 2 yrs. mos. ds.

18 IS WHERE WAS DISEASE CONTRACTED

If not at place of death? Not in U.S.Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? Microscopic(Signed) E. J. Anderson M. D.Oct 21 1929 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mount Pleasant Cemetery Oct 21 1929

20 UNDERTAKER ADDRESS

E. J. Anderson Central City Ky

WRITE PLAINLY, WITH 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.