

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

File No. \_\_\_\_\_  
Registered No. 97

1. PLACE OF DEATH  
County Madison  
City Central City  
Ino. Town \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James F. Washner  
(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 m  
4. COLOR OR RACE w  
5. Single, Married, Widowed or Divorced (write the word) Married  
6. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6. DATE OF BIRTH April 30th 1870  
7. AGE Years 63 Months 6 Days 0  
If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 1916  
11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE Kentucky

13. NAME James Washner

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE Kentucky

17. INFORMANT Alfred Washner  
(Address) Route 4, Russellville, Ky.

18. BURIAL, CREMATION, OR REMOVAL  
Place St. George's Cem. Date 10/31/33

19. UNDERTAKER W. Anderson  
(Address) Central City, Ky.

20. FILED 10/31/1933  
W. L. Standford  
Registrar

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH Oct 30th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1933 to Oct 30, 1933  
I last saw him alive on Oct 29, 1933, death is said to have occurred on the date stated above, at 11:00 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis  
41  
Date of onset Oct 3

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 \_\_\_\_\_ 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) J. K. Kitching, M. D.  
(Address) Central City, Ky.

11-21-33

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN 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.