

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 20853
Registered No. _____

1. PLACE OF DEATH

County Muhlenberg

Vet. Pct. _____

Registration District No. 1093

Ino. Town _____

Primary Registration District No. 2436City Greenville Ky

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

2. FULL NAME Mrs. J. C. Kelly(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, Married, Widowed, Divorced (write the word) Widowed6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH July 21 - 18507. AGE
Years 83 Months 11 Days 360 If LESS than
1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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 Scotland13. NAME David Duncan14. BIRTHPLACE Scotland15. MAIDEN NAME Jan Mellin16. BIRTHPLACE Scotland17. INFORMANT Jessie K. Taylor(Address) Sauersville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date 8-17-3419. UNDERTAKER M. B. McDonald(Address) Greenville Ky20. FILED 8-29-34 R. P. Chapman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 16, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 32, 1933 to May 19
I last saw her alive on July 16, 1934; death is said to have occurred on the date stated above, at 12:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Endarterial obstructions Date of onset _____SenilityArteriosclerosis

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 _____ 1934

Where did injury occur? _____

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 Walter H. ... M. D.)(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Names 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.