

1. PLACE OF DEATH

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 237

County Manchester

Vot. Pct. Booth # 38

Registration District No. 1085

Inc. Town Beach Creek

Primary Registration District No. 7512

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mr. Sallie E. Mathis

(a) Residence. No. _____ St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. _____
In U. S. if of foreign birth? yrs. mos. ds. _____

DEAD

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (with the word) Widowed

21. DATE OF DEATH July 11, 1940

5a. If married, widowed, or divorced HUSBAND or (w) WIFE of B. Frank Mathis

22. I HEREBY CERTIFY, That I attended deceased from July 1 to July 3, 1940
I last saw her alive on July 3, 1940. Death is said to have occurred on the date stated above, at 7:15 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH Oct-11-1860

Organic Heart
Date of onset 2 yrs

7. AGE Years 79 Months 9 Days 0
If LESS than 1 day..... hrs. or..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

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.

Contributory causes of importance not related to principal cause:
Nephritis
18 Mon

12. BIRTHPLACE Manchester Ky

FATHER 13. NAME Leroy Juddiff

14. BIRTHPLACE Manchester Ky

MOTHER 15. MAIDEN NAME Agnes Hulsby

16. BIRTHPLACE Manchester

17. INFORMANT Sallie Mathis
(Address) Beach Creek Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Beach Creek Date 7-12-40

19. UNDERTAKER J. H. ...
(Address) Beach Creek Ky

20. FILED 7-12-40
James Tate
Registrar.

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) N. F. Richardson, M. D.
(Address) Beach Creek Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. 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.

439
South