

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

File No.
Registered No. 32

1 PLACE OF DEATH

County Franklin

Vet. Pt. 32

Ine. Town Drakesboro

City Drakesboro

Registration District No. 1088

Primary Registration District No. 2437

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

2 FULL NAME Young Jean Bernwater

(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 W 5 Single single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Sept 21 1935
(Month) (Day) (Year)

7 AGE
IF LESS than 1
day 6 hrs. or min?
yrs. mos. ds.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Drakesboro, Ky
(State or country)

PARENTS

10 NAME OF FATHER Virgil William Bernwater

11 BIRTHPLACE OF FATHER (city or town) Logan Co Ky
(State or country)

12 MAIDEN NAME OF MOTHER Hildene Louise Dull

13 BIRTHPLACE OF MOTHER (city or town) Logan Co Ky
(State or country)

14 (Informant) Virgil B. Bernwater
(Address) Drakesboro Ky

15 Filed Sept 21, 1935 J. Kimmel
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 21 1935
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from Sept 21, 1935 to Sept 21, 1935
that I last saw him alive on Sept 21, 1935
and that death occurred on the date stated above at 11:20 a.m.
The CAUSE OF DEATH* was as follows:
Pneumonia

Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
When last confirmed diagnosis

19 PLACE OF BURIAL OR REMOVAL Highway DATE OF BURIAL Sept 22, 1935
20 UNDERTAKER J. Kimmel ADDRESS Drakesboro

*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.)

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAKING IMPROVED FOR INDEXING