

1. PLACE OF DEATH

County Magdalena

Wot. Pct. _____

Inc. Town Central City

City _____

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 45Registration District No. 1087Primary Registration District No. 6811(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Reavis W. Papsley IF VETERAN, WHAT WAR? World War(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, Divorced (write the word) Divorced

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

6. DATE OF BIRTH Sept 24 18937. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
44 8 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lead Miner

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) 1919 11. Total time (years) spent in this occupation _____12. BIRTHPLACE KentuckyFATHER 13. NAME Alex Papsley14. BIRTHPLACE IllinoisMOTHER 15. MAIDEN NAME Jane P. Mc Guyer16. BIRTHPLACE Missouri17. INFORMANT Henry Papsley(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Miller Cem Date 6-5-193819. UNDERTAKER L. J. Anderson(Address) Central City, Ky.20. FILED 6/4 1938 W. L. Blandford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 3rd, 193822. I HEREBY CERTIFY That I attended deceased from June 1, 1938 to June 3, 1938
Last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at 2:45 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:Pulmonary Tuberculosis Date of onset _____

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 sc6-22-38 If so, specify _____
J. P. Walton M. D.
(Address) Central City, 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. 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.