

22178

Form V. S. 1-A-50m-11-1-39

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Muhlenburg

File No. _____

Vet. Pat. XRegistration District No. 1087Registered No. 65

Inc. Town

Central CityPrimary Registration District No. 2435

City

(No. _____ St., _____ Ward)

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

2 FULL NAME

Winton Robertson

(a) Residence. No. _____

(Usual place of abode)

St., _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE Colored 5. Single, Married, Widowed, or Divorced (write the word) Single6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Widowed6. DATE OF BIRTH (month, day, and year) 18727. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
1108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) (State or country) Virginia13. NAME Joe Robertson14. BIRTHPLACE (city or town) (State or country) Virginia15. MAIDEN NAME Laura Johnson16. BIRTHPLACE (city or town) (State or country) Virginia17. INFORMANT W. H. Robertson
(Address) Central City Ky18. BURIAL, CREMATION, OR REMOVAL
Place W. H. Robertson Date Sept 21st, 193219. UNDERTAKER Blake Funch
(Address) W. H. Robertson Ky20. FILED 9/20, 1932 A. L. Bradford
Registrar.21. DATE OF DEATH (month, day, and year) March 31, 193222. I HEREBY CERTIFY, That I attended deceased from March 31, 1932 to Sept 21, 1932
I last saw h. alive on Sept 21, 1932, death is held to have occurred on the date stated above, at Central City, Ky.
The principal cause of death and related causes of importance in order of onset were as follows:Valvular DiseaseMyocarditisContributory causes of importance not related to principal cause:
Myocarditis

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? No If so, specify _____(Signed) A. L. Bradford M. D.
(Address) Central City Ky

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.