

5189

Form V. S. 1-A-50m-11-1-29

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

File No. \_\_\_\_\_

Registered No. 268

1 PLACE OF DEATH  
County Muhlenberg

Vet. Pat. 25 Registration District No. 1094

Ine. Town Cleaton Ky Primary Registration District No. 6841

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

2 FULL NAME Beth Rall

(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 or Divorced (write the word) Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) \_\_\_\_\_

7. AGE Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. 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 occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

13. NAME John F. Sears

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

15. MAIDEN NAME Jimmie

16. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

17. INFORMANT Wells Sears (Address) Cleaton Ky

18. BURIAL, CREMATION, OR REMOVAL Place Head of J. date Jan 12, 1931

19. UNDERTAKER J. Thomas (Address) Cleaton Ky

20. FILED Feb 28, 1931 Vannesthoma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1931 to Jan 11, 1931, last saw her alive on Jan 11, 1931, death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

UC 27-30  
Endocarditis of Bicuspid  
Valve Aortic

Contributory causes of importance not related to principal cause:  
Chronic Asthma

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) J. Ray Little, M. D.  
(Address) Cleaton Ky

N. B.—WRITE PLAINLY. 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.

DELETED