

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

20669

File No. _____

Registered No. 12

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 1080Inc. Town MidlandPrimary Registration District No. 6815

City _____

(No. _____ St., _____ Ward)

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

2 FULL NAME Ludell Stobaugh

(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 M4. COLOR OR RACE W.

5. Single, Married, Widowed or Divorced (write the word)

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

8. DATE OF BIRTH (month, day, and year)

7. AGE

Years 3Months 5Days 23

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) Ky.13. NAME Chester Stobaugh14. BIRTHPLACE (city or town) _____
(State or country) Ky.15. MAIDEN NAME Mattie Bruce16. BIRTHPLACE (city or town) _____
(State or country) Ky.17. INFORMANT Sherman Beger
(Address) Central City R. 2 31

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Grove Date 8/27, 193519. UNDERTAKER J. B. Tucker
(Address) Bremen Ky.20. FILED Sept. 2, 1935Dollie Roberts
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 8/26, 193522. I HEREBY CERTIFY, That I attended deceased from Aug. 24, 1935 to Aug. 26, 1935I last saw him alive on Aug. 25, 1935. Death is said to have occurred on the date stated above, at 12:00 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:Acute Myocardial Infarction

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 deceased? _____ If so, specify _____

(Signed) J. P. Walter, M. D.(Address) Central City Ky.

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 page.