

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

13216

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

Registered No. 31. PLACE OF DEATH  
County Muhlenberg

Vot. Pct. \_\_\_\_\_

Inc. Town MidlandRegistration District No. 1086Primary Registration District No. 0810City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Eugene Stovall(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 or Divorced (with the word) Married5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH July 16 - 18677. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
67 9 228. 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, sawmill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Ky.13. NAME Thomas Stovall14. BIRTHPLACE Ky.15. MAIDEN NAME McDonald16. BIRTHPLACE Kentucky17. INFORMANT Mrs Charles Smith  
(Address) Central City Ky.18. BURIAL, CREMATION, OR REMOVAL  
Place East Union Date May 10, 193519. UNDERTAKER J. B. Tucker  
(Address) Barnes Kentucky20. FILED June 10, 1935 Dollie Roberts  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 8, 193522. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to May 8, 1935I last saw him alive on May 8, 1935, death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance in order of onset were as follows:Apoplexy

Date of onset

Contributory causes of importance not related to principal cause:

HypertensionName 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. C. Woodburn, M. D.(Address) Greenwell Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.