

15376

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. S. 1-A

1091 File No. _____
Registered No. 2870

PLACE OF DEATH
County Muhlenberg

Vot. Precinct Rosewood
Ine. Town Rosewood

Registration District No. 6890
Primary Registration District No. 2870

City Malender, Pa. (if death occurred in a hospital or institution, give the NAME instead of street and number)
St. _____ Ward _____

2. FULL NAME Malender, Pa. Underwood
(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 birth _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX P 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH Sept 10 - 1869
7. AGE Years 68 Months 4 Days 12 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housekeeping
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Muhlenberg, Co Ky.

FATHER 13. NAME Geo. P. Underwood
14. BIRTHPLACE Tenn

MOTHER 15. MAIDEN NAME Sarah E. Underwood
16. BIRTHPLACE Tenn

17. INFORMANT James L. Underwood
(Address) Greenville R 4

18. BURIAL, CREMATION, OR REMOVAL
Place Underwood Date May 23, 1938

19. UNDERTAKER R. M. Galt
(Address) Wright Ky.

20. FILED June 15, 1938 Lawrence Barron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 22, 1938

22. I HEREBY CERTIFY, that I attended deceased from _____, 10 _____ to _____, 10 _____
I last saw him alive on _____, 10 _____ and to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:
Myocarditis

Contributory causes of importance not related to principal cause: _____
Date of onset _____

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) Lawrence Barron
(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.