

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29322

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File No. _____

Registered No. 102

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Inc. Town Central City

City _____

Registration District No. 1087Primary Registration District No. 6818(No. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Unknown(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

W5. Single, Married, Widowed
or Divorced (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH Oct 30 - 37

7. AGE

Years

Months

Days

If LESS than
day..... hrs.few days

OCCUPATION

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,
sawmill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).11. Total time (years)
spent in this
occupation.

12. BIRTHPLACE

not known

FATHER

13. NAME

not known

14. BIRTHPLACE

not known

MOTHER

15. MAIDEN NAME

not known

16. BIRTHPLACE

not known

17. INFORMANT

(Address) _____

18. BURIAL, CREMATION, OR REMOVAL

Place Central City10/30/37

19. UNDERTAKER

(Address) Summit Funeral Home

20. FILED

Oct 311937A. L. Blandford

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 30, 193722. I HEREBY CERTIFY, That I attended deceased from
_____ , 19____ to _____ , 19____I last saw h. _____ alive on _____ , 19____ death is said
to have occurred on the date stated above, not known
The principal cause of death and related causes of importance
in order of onset were as follows:Homicide death
by strangulationDate of
onsetContributory causes of importance not related to
principal cause:found dead in woods

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) Laurie Bryan Coroner(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. 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.