

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 7205Registered No. 26

1. PLACE OF DEATH

County MuhlenbergVot. Pot. W. Central CityRegistration District No. 1087Inc. Town Central CityPrimary Registration District No. 235City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Annice Williams(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 F 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 March 16 19357. AGE Years _____ Months _____ Days _____ If LESS than _____ hrs. Stillborn

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 Ky.13. NAME Bayzel Williams14. BIRTHPLACE Ky.15. MAIDEN NAME Mabel Blanks16. BIRTHPLACE Ky.17. INFORMANT Bayzel Williams
(Address) C. O. P. # 118. BURIAL, CREMATION, OR REMOVAL
Place Cherry Hill Date 3-17 193319. UNDERTAKER Arthur L. Mosley
(Address) Central City Ky.20. FILED 3/20 - 1933 A. B. Blaufoard
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-16, 193322. I HEREBY CERTIFY, That I attended deceased Annice Williams, 1933 to _____, 19____I last saw Annice Williams 3-16, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m. The principal cause of death and related causes of importance in order of onset were as follows:Stillborn Stillborn Date of onset _____Contributory causes of importance not related to principal cause:
Smatted Cord.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) A. B. Blaufoard, M. D.(Address) Central City Ky.

N. B. WRITE PLAINLY, WITH NO FADING 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.