

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

31719

File No.

Registered No.

1 PLACE OF DEATH

County Meade
Vol. Products 14 Registration District No. 1093

Inc. Town Primary Registration District No. 1027

City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mrs. Marreen Walsen

(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) Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jim Walsen

6 DATE OF BIRTH Feb 19 1866
(Month) (Day) (Year)

7 AGE 67 yrs. 10 mos. 1 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Highland Co
(State or country)

PARENTS

10 NAME OF FATHER Jim Knox

11 BIRTHPLACE OF FATHER (city or town) DK
(State or country)

12 MAIDEN NAME OF MOTHER DK

13 BIRTHPLACE OF MOTHER (city or town) DK
(State or country)

14 (Informant) Clifford Walsen
(Address) Levens

15 Filed 12/18, 1930 C. B. Wickliffe Registrar
By H. Walls

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1930, to Dec 17, 1930 that I last saw ~~her~~ alive on Dec 17, 1930 and that death occurred on the date stated above at 12:30 m. The CAUSE OF DEATH* was as follows:

Cerebral Haemorrhage
(Duration) Sudden

Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. R. Galt, M. D.

12/18, 1930. (Address) Green Mt Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Repay. Ky. DATE OF BURIAL Dec 18, 1930

20 UNDERTAKER M B McDonald ADDRESS Levensville Ky

WRITE PLAINLY, WITH UNFADING INK.-THIS IS A PERMANENT RECORD

M. B.—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.