

## 1. PLACE OF DEATH

County MoreheadVot. Pct. Sklemille

Inc. Town.....

City.....

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 1085Primary Registration District No. 7489

File No. ....

Registered No. 14(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Louise Martha Wilson IF VETERAN, WHAT WAR? .....(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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of (or) WIFE of B. F. Wilson6. DATE OF BIRTH Dec 6, 18557. AGE Years 83 Months 1 Days 18 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) 10 years 11. Total time (years) spent in this occupation.....12. BIRTHPLACE Dumbar Ky.13. NAME Francis Pendley14. BIRTHPLACE Butler Co.15. MAIDEN NAME Caroline A. Whitaker16. BIRTHPLACE Virginia17. INFORMANT M. B. M. Pendley(Address) Morgantown Ky.18. BURIAL PLACE Reston Ky.Date Jan 25, 193919. UNDERTAKER Smith Funeral Home(Address) Morgantown Ky.20. FILED Jan. 28, 1939 James Oates Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 24, 193922. I HEREBY CERTIFY, That I attended deceased from 7 or several months, 10.....I last saw her alive on Jan 9, 1939, death is said 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:Colicentitis Date of onsetPerhaps becoming chronic

Contributory causes of importance not related to principal cause:

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) Henry Smith, M. D.(Address) Rochester Ky.

MARGIN RESERVED FOR BINDING

N. S. WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.