

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

File No. _____

Registered No. _____

1. PLACE OF DEATH

County Muhlenberg
Vet. Post. _____
Inc. Town Greenwell
City _____

Registration District No. 1093

Primary Registration District No. 2236

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

2. FULL NAME Issie D. Yeagin

(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Sept 12

7. AGE Years 80 Months _____ Days _____ If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. At Home

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

13. NAME C. B. Oster

14. BIRTHPLACE Muhlenberg Co Ky

15. MAIDEN NAME Susan Foster

16. BIRTHPLACE Ky

17. INFORMANT Eugene J. Hartman
(Address) Greenwell Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Greenwell Ky Date Mar 26 1934

19. UNDERTAKER M. B. McDonald
(Address) Greenwell Ky

20. FILED Apr 14 1934 C. B. McMillie
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1934 to Mar 25, 1934

I last saw her alive on Mar 25, 1934, death is said to have occurred on the date stated above, at 3: P m. The principal cause of death and related causes of importance in order of onset were as follows:

Pneumonia, Rotor Date of onset 3/9/34

Contributory causes of importance not related to principal cause: 108

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? no If so, specify _____

(Signed) Paul Wilson, M. D.
(Address) Greenwell Ky

N. B. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information 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.

By M. W. ...