Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14524

File No.

Registered No. 49

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct.

Registration District No. 1093

Inc. Town

Primary Registration District No. 2436

City Greenville Ky (No. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs. Mary B. Yonts

(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.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIAN 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH Aug 19 - 1854

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
82	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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

FATHER

13. NAME A. P. Lisle

14. BIRTHPLACE Garrard Co. Ky

MOTHER

15. MAIDEN NAME Jane M. McConnell

16. BIRTHPLACE Ky

17. INFORMANT E. L. Yonts Jr.

(Address) Greenville Kentucky

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Ky Date May 19, 1937

19. UNDERTAKER M. D. McDaniel & Son

(Address) Greenville Ky

20. FILED 5-19, 1937 R. P. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1937 to May 17, 1937

I last saw her alive on May 17, 1937, death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral Hemmorage	
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) E L Yates, M. D.

(Address) Greenville Ky

E L Yates