

Argobrite

Form V. S. 1-A-75m-3-30-33

COMMONWEALTH OF KENTUCKY

State Board of Health
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 31925

1. PLACE OF DEATH

County MuhlenbergVot. Pat. Court HouseRegistration District No. 1093
Primary Registration District No. 6830

Registered No. _____

Inc. Town _____

City _____

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mary Ann Boggess York(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 August 28, 18507. AGE Years Months Days If LESS than 1 day..... hrs. or min.
84 2 258. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 County, Kentucky13. NAME Edward Runsey Boggess14. BIRTHPLACE Muhlenberg County, Kentucky15. MAIDEN NAME Louisa J. Middleton16. BIRTHPLACE St. Clair County, Illinois17. INFORMANT M. L. Boggess
(Address) Greenville, Kentucky18. BURIAL Carters Creek Date 11/23, 193419. UNDERTAKER Oliver L. Roark
(Address) Greenville, Kentucky20. FILED Dec 18 1934 R. P. Cougle

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 22, 1934, 19____22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934 to Nov 21, 1934.
I last saw her alive on Nov 21, 1934 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:Lobar Pneumonia

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? no If so, specify _____(Signed) B. G. Argobrite M. D.
(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING 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.