

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instruct. on back of certificate.

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

27049

State Board of Health
BUREAU OF VITAL STATISTICS

File No. _____

CERTIFICATE OF DEATH

Registered No. 27

1. PLACE OF DEATH
County Harrison

Vot. Pct. _____

Registration District No. 660

Inc. Town _____

Primary Registration District No. 5545

City Dayrich

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

2. FULL NAME Emily Howard

(a) Residence, No. Dayrich 15, 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH Aug 29

7. AGE Years 84 Months _____ Days _____ If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. House keeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Knock Ky

13. NAME Edward Ball

14. BIRTHPLACE _____

15. MAIDEN NAME Mary Morris

16. BIRTHPLACE Dayrich Ky

17. INFORMANT E. J. Howard
(Address) Dayrich Ky

18. BURIAL, CREMATION, OR REMOVAL Walling 16 of 22 30
Place _____

19. UNDERTAKER Causon & Hobbs
(Address) Dayrich Ky

20. FILED Dec 9 1935 Myrtle B. Milam
Registrar.

21. DATE OF DEATH Aug 21 1935

I HEREBY CERTIFY That I attended deceased from Aug 19 to Aug 21, 1935
I last saw her alive on Aug 20 1935 death 21
to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Senile Pneumonia Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation none Date of _____
What test confirmed diagnosis none Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____

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? yes If so specify _____

(Signed) J. H. Hendren, M. D.

(Address) Lincolville Ky