

COMMONWEALTH OF KENTUCKY

31696

Department of Health  
BUREAU OF VITAL STATISTICS

File No. \_\_\_\_\_

CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

PLACE OF DEATH  
County Rockcastle  
Vot. Pct. Wilder #4  
Inc. Town \_\_\_\_\_

Registration District No. 1302  
Primary Registration District No. 8107

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

2. FULL NAME Alice Taylor

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

6. DATE OF BIRTH April 24  
7. AGE 69 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.  
9. Institution or business in which work was done, as silk mill, sawmill, bank, etc. V

10. Date deceased last worked at \_\_\_\_\_  
11. Total time spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Rockcastle, Ky

13. NAME Alice Kirby

14. BIRTHPLACE Rockcastle, Ky

15. MAIDEN NAME Sarah Stewart

16. BIRTHPLACE Franklin, Ky

17. INFORMANT Robert Hignman  
(Address) Green Hill, Ky

18. BURIAL, CREMATION, OR REMOVAL  
Place Family Date Jan 1 1938

19. UNDERTAKER Walter D. Son  
(Address) 114 Vernon, Ky

20. FILED DEC 30 1938 Leda M. Owsen  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12-5-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1938 to 12-5-1938  
I last saw him alive on \_\_\_\_\_ death is said to have occurred on the date stated above, at 7:00 P. M.  
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral Apoplexy Date of onset \_\_\_\_\_

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 cause (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? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) D. A. Griffith M. D.  
(Address) 114 Vernon, Ky