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OFF V, S. 1-A COMMONWEALT	TH OF KENTUCKY 30125
Departme	nt of Health
CEPTIFICATION	TE OF DEATH
ounty 1 11 CONTROL OF THE OWNER OWNER OF THE OWNER	Registered No.
ot/Pst Registration District	No
Primary Registration	District No. 101
o. Town	Your X6 Vina Withis
O CONSTITUTE (I death occurred in a l	nospital or institution, give its NAME instead of street and number
- Maries Paines	
FULL NAME FIXTURE CARACTERS	
(a) Residence/ No. O.	Ward(If nonresident, give city or town and State)
ingth of racidence in city or town where death scentred yes. mes.	ds. How long in U. S., if at foreign birth? yrs. mas. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. Single, Married, Widowed.	21. DATE OF DEATH 1/67-26 . 1936
manua	22. I HEREBY CERTIFY, Phat I attended deceased from
HUSBAND of HUSBAND of Control	19 to 19   19   19   19   19   19   19   19
(01) WIFE of Burse Camualia	to have occurred on the date stated above, at
DATE OF BIRTH	The principal cause of death and related causes of important in order of onset were as follows:
. AGE Years Months Days If LESS than	Date of
72 1 dayhrs. ormin.	the state of the s
	Hemmont age; Hok (augu) 1/23
8. Trade, profession, or particular stand or work done, as spinner, telescopes, becklesper, etc.	Lut Constil artery (left)
0. Industry or business in which	
work was done, as elik mill, sewmill, bank, etc.	Contributory causes of Importance not related to
10. Date deceased last worked at 11. Total time (years)	principal cause:
this occupation (month and spent in this occupation coupation	of Had adving spell while
12. BIRTHPLACE	He was slanding in bath rome
- Knapvelle, denn	Cleany friger waits with King fell that hand
13. NAME CONTRACTOR	Name of operation orders light Date of ///23/3
14. GIRTHPLACE	What test confirmed diagnosis? - Was there an autopsy?
14, BIRTHPLACE	23. If death was due to external causes (violence) fill in also th
15. MAIDEN NAME	Accident suicide, or homicide the date of injury 1/23193
The second management of the second s	Where did injury occur?
16. BIRTHPLACE	Specify whether injury occurred in industry, in home, or i
17. INFORMANT Lewise Mainingate	public place.
(Address) 2207 Wood Inno	Home
	Manner of Injury 40 Al 10 16
18. BURIAL PREMATION OF REMOVAL THE 1-25	Nature of injury Cal Left Crotis ordery
Place William Date Part Jan., 10-	2-24. Was disease or injury in any way related to occupation of
19. UNDERTAKEN Schoolson home 1	deceased? 24 If so, specify
(Address) / 132/ W. M.K. J	+10 ml alland
11 28. 3/10 m.D	(Signed) Strange Kanning Canning, M.A.
20. FILED 1 - 19 36/ - FLA DAGE	(Address) armory there