

N. B.—WRITE PLAINLY, WITHOUT 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.

Form V. S. 1-A—50m—11-1-23

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5421

1 PLACE OF DEATH

County Whitley

Vet. Pct. _____

Registration District No. 1465

File No. _____

Registered No. _____

Inc. Town _____

Primary Registration District No. 7910

City _____

(If death occurred in a hospital or institution, give its name, city, State, and number of street and number)

2 FULL NAME Polly Rainwater(a) Residence. No. _____
(Usual place of abode)

St., _____

Ward _____

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

White5. Single, Married, Widowed or Divorced (write the word)
Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1859

7. AGE

78

Years

Months

Days

If LESS than
1 day _____ hrs.
or _____ min.

OCCUPATION

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, saw mill, bank, etc.

10. Date _____
last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Whitley Co Ky

MOTHER FATHER

13. NAME

Henry Oliver14. BIRTHPLACE (city or town)
(State or country)North Carolina

15. MAIDEN NAME

Not Known16. BIRTHPLACE (city or town)
(State or country)Whitley Co Ky17. INFORMANT
(Address)Wm Oliver

18. BURIAL, CREMATION, OR REMOVAL

Place Brown ChurchDate 12-22-193719. UNDERTAKER
(Address)Family20. FILED Mar 11938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/19/193722. I HEREBY CERTIFY, That I attended deceased from
Mar 19, 1938 to Dec 20, 1937I last saw her alive on Dec 19, 1937, 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:Oppoplexy

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 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? Yes If so, specify _____(Signed) Wm Oliver, M. D.(Address) Whitley Co Ky

A37 #2001