

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

Form V. B. 2-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 1278

1. PLACE OF DEATH

County Hopkins

Vot. Pct. Union

Registration District No. 5800-741

Registered No. 741

Inc. Town

Primary Registration District No. 23

City Manitow

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

2. FULL NAME Sarah Miller Rainer VETERAN, WHAT WAR?

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andy Rainer

6. DATE OF BIRTH 1871 Oct 29

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
66 1 7

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

12. BIRTHPLACE Ky

13. NAME Jonah Oldham

14. BIRTHPLACE Ky

15. MAIDEN NAME Mary Limer

16. BIRTHPLACE Ky

17. INFORMANT Hugh Hill

(Address) Manitow Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Burton Date 11/7, 1937

19. UNDERTAKER James Tunnel Home

(Address) Madisonville Ky

20. FILED Jan 7, 1938 Madisonville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1937 to Jan 6, 1938
I last saw h. alive on Jan 5, 1938, death is said to have occurred on the date stated above, at 4:30 p. m. The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage Date of onset _____
Paralysis

Stroke

Contributory causes of importance not related to principal cause:
Arterio sclerosis

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? _____ If so, specify _____

(Signed) H. Strother

(Address) Madisonville Ky

#2002