

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CONDITION is very important. See instructions on back of certificate.

Form V. 2. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

No. 75060

PLACE OF DEATH

County Letcher
Vol. 1 Quinling
Ina. Town _____
City _____

Registration District No. 19
Primary Registration District No. 1366

File No. _____
Registered No. 577

2. FULL NAME Eva M. Pannathal (If death occurred in a hospital or institution, give its NAME instead of street and number)
IF VETERAN, WHAT WAR? _____

(a) 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. da. How long in U. S. If of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. Single, Married, Widowed Widowed
(Married (write the word))
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Painter
6. DATE OF BIRTH June 5 - 1884
7. AGE Years 54 Months — Days 14 If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Hair Keeper
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. _____ deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Letcher Co Ky.

13. NAME George Sutter

14. BIRTHPLACE Letcher Co Ky.

15. MAIDEN NAME Willie Barrow

16. BIRTHPLACE Letcher Co Ky.

17. INFORMANT Eva Mue Cole

(Address) Letcher Co Ky.

18. BURIAL, CREMATION, OR REMOVAL St. Pleasant Date June 20, 1935

19. UNDERTAKER H. S. Fugate

(Address) Letcher Co Ky.

20. FILED June 19, 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 19, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to June 19, 1935
I last saw her alive on June 18, 1935. Death is said to have occurred on the date stated above, at 10:00 m. The principal cause of death and related causes of importance in order of onset were as follows:

Remitting Fever
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? No If so, specify _____

(Signed) W. A. Thomas M. D.
(Address) Letcher Co Ky.

#2003