Form V. S. 2-A

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

26163

File No.

Registered No. 60

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH

County Allen

Vot. Pct. Harvey

Inc. Town Fountain Run

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

Registration District No. 15

Primary Registration District No. 3957

2. FULL NAME Addie Goodman Payne VETERAN, WHAT WAR? _____

(a) Residence. No. Fountain Run Ky. 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	MEDICAL CERTIFICATE OF DEATH

3. SEX Female

4. COLOR OR RACE White

5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nelson Payne

6. DATE OF BIRTH July 4 – 1850

7. AGE Years 88 Months 4 Days 25 If LESS than 1 day ...... hrs. or ...... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE Monroe Co Ky

FATHER
13. NAME Jake Goodman
14. BIRTHPLACE Monroe Co Ky

MOTHER
15. MAIDEN NAME Nancy Hunt
16. BIRTHPLACE

17. INFORMANT E. H. Cook
(Address) Tompkinsville Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Fountain Run Ky. Nov. 29, 1938

19. UNDERTAKER C. C. Doner
(Address) Fountain Run Ky.

20. FILED Nov. 29, 1938 Bernadine Hallard
Registrar.

21. DATE OF DEATH Nov. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h__ alive on _____, 19__, 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:

No Physician Attended

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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? __ If so, specify __

(Signed) _____, M. D.
(Address) _____