

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

File No.

16950

Registered No.

38

1. PLACE OF DEATH

County MadisonVot. Pct. No. 10Registration District No. 1004

Inc. Town _____

Primary Registration District No. 0107

City _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Wm. Nathan(a) Residence. No. 1010 E. 1st St., _____ Word _____
(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

3. SEX _____ 4. COLOR OR RACE _____ 5. Single, Married, Widowed or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or WIFE of) _____
White6. DATE OF BIRTH Aug 27 1897
7. AGE _____ 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, sawmill, bank, etc. _____
10. Date deceased last worked at the occupation (month and year) _____ 11. Total time (years) spent in the occupation _____12. BIRTHPLACE Ky13. NAME Wm. Nathan14. BIRTHPLACE Ky15. MAIDEN NAME Phelps ?

16. BIRTHPLACE _____

17. INFORMANT Wm. Nathan
(Address) _____18. BURIAL, CREMATION, OR REMOVAL
Place Union City Date 8/27/3519. UNDERTAKER Wm. Nathan
(Address) _____20. FILED Sept 10 1935 19 _____
Wm. E. Lewis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 16 1937 19 _____

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

I did not see him alive on _____ 19 _____, death is said to have occurred on the date stated above, at 4 _____ m. The principal cause of death and related causes of importance in order of onset were as follows:Ch. Myocarditis
with pericarditis

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 Geo. Z. Bushong M. D.(Address) Comptonville, Ky.

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. PHYSICIAN should state the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.

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