

1 PLACE OF DEATH

County MonroeVot. Pot. Jurmer

Ino. Town

City

2 FULL NAME Nancy E Parsley

Original
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

10186

File No.

Registration District No. 1061Primary Registration District No. 67290(No. 10184 St. Duplicate Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Ys 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
 (Write the word)

6 DATE OF BIRTH Mar 31 1876
 (Month) (Day) (Year)

7 AGE 78 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. retired
 (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Monroe Co. Ky

10 NAME OF FATHER Wm Steen

11 BIRTHPLACE OF FATHER (State or country) Monroe Co. Ky

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Aly Jackson
 (Address) Tompkinsville, Ky

15 Filed May 9 1934 J. Lane
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 31 1934
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 10 1934 to Mar 31 1934, that I last saw him alive on Feb 10 1934, and that death occurred on the date stated above at 4 P. m. The CAUSE OF DEATH* was as follows:

Leakage of Heart at
Renal artery
 (Duration) ... yrs. ... mos. ... ds.

Contributory Kelley - Bright Disease
 (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) J. R. Bowman, M. D.
 (Address) Tompkinsville, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Tompkinsville DATE OF BURIAL Apr 1 1934

20 UNDERTAKER friends ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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. INSTRUCTIONS ON BACK OF CERTIFICATE.

MARGIN RESERVED FOR BINDING