Form V. S. 1-A

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

File No. 15070

Registered No.

Registration District No. 40

Primary Registration District No. 2020

1. PLACE OF DEATH

County Barren

Vet. Pct. Glasgow

Inc. Town

City Glasgow (No. 9 Jamison St. Community Hosp. Ward)

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

2. FULL NAME Mrs Mustrey - Mrs Reba

(a) Residence, No. (Usual place of abode) St. Ward Summer Shade Ky.

(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: Female

4. COLOR OR RACE: White

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

5a. If married, widowed, or divorced — Husband of (or) Wife of: Isaac Taylor Mc Mustrey

6. DATE OF BIRTH: February 26 1877

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
60	60	5	20	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): June 1937

11. Total time (years) spent in this occupation: 39 yrs.

12. BIRTHPLACE: Barren Co.

FATHER

13. NAME: J. L. Tilson

14. BIRTHPLACE: Barren Co.

MOTHER

15. MAIDEN NAME: Fannie Bybee

16. BIRTHPLACE: Barren Co.

17. INFORMANT: Mrs. L. L. Mc Mustrey

(Address) Summer Shade Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Summer Shade Ky. Date June 16, 1937

19. UNDERTAKER: A. P. Williams & Co

(Address) Glasgow Ky.

20. FILED 6-15, 1937 L. D. Rapp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1937 to June 15, 1937

I last saw her alive on June 12, 1937, death is said to have occurred on the date stated above, at 1245 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral Hemorrhage	
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? Yes If so, specify —

(Signed) C. E. Howard, M. D.

(Address) Glasgow, Ky.

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING