

5082

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

1. PLACE OF DEATH

County MonroeVol. No. 17

Inc. Town _____

Registration District No. 1064Primary Registration District No. 7365Registered No. 15City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Vessie Jobe 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. 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) married5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Sam Jobe6. DATE OF BIRTH Oct. 9 18697. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
69 4 138. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. farmer9. 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 Ky13. NAME Hardin Brown14. BIRTHPLACE Ky15. MAIDEN NAME Spear16. BIRTHPLACE Ky17. INFORMANT Sam Jobe
(Address) Tompkinsville, Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Hammer Cemt. Date 2/23/39, 193919. UNDERTAKER L. K. Yokley
(Address) Tompkinsville, Ky.20. FILED 2/28/39, 1939 Lucie E. Lucie
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 22 1939, 193922. I HEREBY CERTIFY, That I attended decedent from Feb 12, 1939 to Feb 22, 1939
I last saw him alive on Feb 12, 1939, death is held to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:Cancer of Liver

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 _____ 1939
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) F. M. Harris 6107, St. B.(Address) Tompkinsville, Ky.

MARGIN RESERVED FOR BINDING

2. a. WRITE PLAINLY, WITHOUT IMPAGING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly reported EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.