

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH PENCILING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. See instructions in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. B. 1-A—50m—6-17-31

 COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
File No. 18038Registered No. 37

1. PLACE OF DEATH

County MonroeVot. Pol. No. 5Registration District No. I064

Inc. Town _____

Primary Registration District No. 6735
 City _____ (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Volta May Scott
 (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) married

 6a. If married, widowed, or divorced HUSBAND at (or) WIFE of Fred T. Scott
6. DATE OF BIRTH Aug. 7 1909
 7. AGE Years Months Days If less than 1 day hrs. or min.
25 II I6

 8. Trade, profession, or particular kind of work done, as engineer, Sawyer, bookkeeper, etc. housewife

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 Kentucky13. NAME Bradley White14. BIRTHPLACE Ky15. MAIDEN NAME Rozalia Anderson16. BIRTHPLACE Ky.17. INFORMANT Fred T. Scott(Address) Tompkinsville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Herman Cem. Date 7/24/35, 19...19. UNDERTAKER L. K. Yorkley,(Address) Tompkinsville, Ky.20. FILED 7/26/35, 19...

Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 23 1935, 19...
 22. I HEREBY CERTIFY, That I attended deceased from July 2, 1935 to July 23, 1935. I last saw him alive on July 21, 1935. Death is said to have occurred on the date stated above, at 11 m. The principal cause of death and related causes of importance in order of onset were as follows:

July 4th 1935 -
Acute Bronchitis

Contributory causes of importance not related to principal cause:

Cold

 Name of operation _____ Date of _____
 What best 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 J. W. Bowman, M. D.(Address) Tompkinsville, Ky.