

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

12729

1 PLACE OF DEATH
County Letcher
Vot. Pct. No. 1. Whitesburg Registration District No. 2330
Inc. Town Whiteo Primary Registration District No. 880
City Whiteo No. 1 St. Ward

File No. _____
Registered No. _____
(If death occurred in hospital or institution give its NAME instead of street and number.)

2 FULL NAME Mrs. B. Day

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. 4 COLOR OR RACE W 5 Married
Widow or Divorced (Write the word)

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 36 yrs. _____ mos. _____ ds.
IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Letcher Co. Ky

10 NAME OF FATHER Jessie Cavdell
11 BIRTHPLACE OF FATHER (State or county) Letcher Co. Ky

12 MOTHER NAME Margaret Brown
13 BIRTHPLACE OF MOTHER (State or county) Letcher Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. Day
(Address) Whiteo Ky

15 Filed _____ 1927 J. L. Blair Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 11, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1927, to Dec 11, 1927, that I last saw him alive on _____, 1927, and that death occurred on the date stated above at 3A m.

The CAUSE OF DEATH* was as follows:
Paralysis of heart

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Bentley, M. D.
12/11, 1927 (Address) Whitesburg, 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 _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____
if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wg Ky DATE OF BURIAL Dec 12, 1927

20 UNDERTAKER R. H. Swisher Whitesburg Ky ADDRESS _____

MARGIN RESERVED FOR BINDING

WRITE PLAIN: 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. See instructions on back of certificate.