Form V. S. 1-A

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

File No. 24078

Registered No. 409

PLACE OF DEATH

County Boyd

Reg. Dist. No. 102

Primary Registration District No. 2010

Vet. Pct.

Ins. Town

City Ashland

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

Dr. H. H. Fearing

1. FULL NAME Mrs Flora Cox

IF VETERAN, WHAT WAR?

(a) Residence. No. 2209 Greenup St. Ward

(Usual place of abode)

(If outside city limits, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed or Divorced (write the word)
F	W	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Claude Cox

6. DATE OF BIRTH 7-29-1894

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	0	11	

OCCUPATION

a. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: At Home

b. Industry or business in which work was done, as cotton mill, bank, etc.: Wife

c. Was deceased ever employed in the occupation under which he died? If so, for what length of time?

11. What was usual occupation in this line of work?

12. BIRTHPLACE Ky

FATHER

13. NAME Jos McClain

14. BIRTHPLACE Ky

MOTHER

15. MAIDEN NAME Ida Goldie

16. BIRTHPLACE Ky

17. INFORMANT Claude Cox

(Address) Ashland Ky

18. BURIAL, CREMATION, or REMOVAL Date Zoll Lick Ky. Aug 26 1939

19. UNDERTAKER A. Clarke

(Address) Ashland Ky

20. FILED 10/30 1939 Mrs. Clarke

(Registrar)

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH Aug 24 1939

23. I HEREBY CERTIFY, That I attended deceased from August 2 1937 to Aug 23 1937

I last saw her alive on Aug 17 1939 and she died at 2:15 P.M.

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

	Date of onset
Cancer of Cervix	1938
& Uterus	
Hemorrhage	1937
Severe	1938

Cerebrospinal causes of importance not related to principal cause:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external cause (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 .....

26. Was (Indian or Injury in any way related to occupation of deceased? ..... If yes, specify .....

(Signed) C. H. Fearing, M. D.

(Address) .....

Out of Town Till 10/16/39

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with pen and ink. DO NOT USE LEAD PENCIL. Entries must be made in black or blue-black ink. Any physician who refuses to make the entries required by this law shall be guilty of a misdemeanor and subject to a penalty of not less than $10 nor more than $100 for each offense.

RECORD. Every item of information should be entered EXACTLY. PHYSICIAN is very important. Be sure to give name of certificate.

CAUSE OF DEATH. Exact statement of conditions is necessary to determine the primary cause.