

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County Bell

Registered No. _____

Vol. 4085

Registration District No. 1-2

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

Inc. Town _____

Primary Registration District No. _____

City _____

(No. _____ St. _____ Ward _____)

2 FULL NAME

~~Carolina Patricia~~ Carolina Patricia

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE white 5 Marital Status widow
Single Married Widowed or Divorced (Write the word)

14 DATE OF DEATH Oct 2, 1924
(Month) (Day) (Year)

6 DATE OF BIRTH _____ 1917
(Month) (Day) (Year)

15 I HEREBY CERTIFY, That I attended deceased from Sept 11, 1924, to Sept 28, 1924, that I last saw her alive on Sept 28, 1924, and that death occurred on the date stated above at 1:25 P.M.

7 AGE 67 yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?

The CAUSE OF DEATH* was as follows:
accidentally falling and dislocating hip

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

(Duration) _____ yrs. _____ mos. 21 ds.

9 BIRTHPLACE (State or country) Ky.

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

10 NAME OF FATHER Don't know

(Signed) Dr. C.P. Jones M.D. Oct 2, 1924 (Address) Salt Lick Ky

11 BIRTHPLACE OF FATHER (State or country) Don't know

*State the Disease Causing Death, or, in deaths from Violence, Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____ if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Burna Fraley

(Address) Salt Lick Ky

Former or usual residence _____

Filed 10-2, 1924 W.S.C. Ayers Registrar

17 PLACE OF BURIAL OR REMOVAL Don't know DATE OF BURIAL Oct 3, 1924

18 UNDERTAKER none ADDRESS none

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.