

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

20479

1 PLACE OF DEATH

County Bell

Vol. Pct. Deer Tick

Inc. Town _____

City _____ (No. _____ St. _____ Ward _____)

Registration District No. 52

Primary Registration District No. 4087-

File No. _____

Registered No. _____

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

2 FULL NAME Wilma J. Fraley

MANDATORY SERVICE FOR SERVICE
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Single

6 DATE OF BIRTH December 12, 1925
(Month) (Day) (Year)

7 AGE 6 yrs. 8 mos. 21 ds. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Burns Fraley

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Austa Snedegar

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Burns Fraley (Address) Salt Lick, Ky

15 Filed 9-5-1932 M. A. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 3, 1932
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept 3, 1932, that I last saw her alive on Sept 3, 1932, and that death occurred on the date stated above at 8:45 A.M.

18 CAUSE OF DEATH was as follows:
Two fractures of skull both legs broken, one above and other below knee, fatal injury and bleeding in lungs caused by an accidental falling hit by moving automobile as I was informed and about 1/2 hour after accident.
(Signature) [Signature] M. D.
(Address) [Address]

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

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

20 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Sept 5, 1932

21 UNDERTAKER Barnes & Harman ADDRESS Salt Lick, Ky