

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

File No. 17173
Registered No. 15

1 PLACE OF DEATH
County Rowan
Vol. No. Farmers 1011
Inc. Town Farmers
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1311
Primary Registration District No. 2576

2 FULL NAME Laura Adams
(a) Residence No. Farmers 1011 St. _____ Ward _____
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 F 4 COLOR OR RACE W 5 MARRIAGE STATUS Married
6a If married, widowed, or divorced HUSBAND of Harry Adams
(or) WIFE of _____
7 DATE OF BIRTH June 16
(Month) (Day) (Year)
8 AGE 54 yrs 11 mos 24 ds.
9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____

10 BIRTHPLACE (city or town) Indy
(State or country)
PARENTS
11 NAME OF FATHER Preston Adams
12 BIRTHPLACE OF FATHER (city or town) Indy
(State or country)
13 MAIDEN NAME OF MOTHER Jessie Collins
14 BIRTHPLACE OF MOTHER (city or town) Indy
(State or country)

15 (Informant) _____
(Address) _____
16 June 10, 1937 Mrs T A & E Evans
Registrar

MEDICAL CERTIFICATE OF DEATH
17 DATE OF DEATH June 9 1937
18 I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to June 8, 1937, and that I last saw him alive on June 8, 1937, and that death occurred on the date stated above at 5:20
The CAUSE OF DEATH was as follows:
Causes of liver
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

19 IS WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? No Date of _____
Was there an autopsy? No
What test confirmed diagnosis? X-Ray
(Signed) J. A. Maxwell M. D.
1/3, 1937 (Address) Market St
20 State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

21 PLACE OF BURIAL OR REMOVAL James Kearsy DATE OF BURIAL June 10, 1937
22 UNDERTAKER Walker Housemen ADDRESS Salt Lick Ky

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

M. 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.

MAKING RESERVE FOR RECORDS