Form V. S. 1-A—50m—1-12-31

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

File No. 25043
Registered No. 77

1. PLACE OF DEATH

County Bourbon
Vet. Pct. North Middleton Registration District No. 93
Inc. Town _____ Primary Registration District No. 4178
City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Laura Retha McGlothin
(a) Residence. No. Bourbon County St., _____ Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH April 1 1932
7. AGE Years | Months 4 | Days 8 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE Bourbon Co. Ky
13. NAME John William McGlothin
14. BIRTHPLACE Bath Co Ky
15. MAIDEN NAME Bessie Lee McCarthy
16. BIRTHPLACE Nicholas Co. Ky
17. INFORMANT John William McGlothin
(Address) Paris Ky
18. BURIAL, CREMATION, OR REMOVAL
Place Jones, Bath Co Ky Date Nov 11, 1932
19. UNDERTAKER Winton Funeral Home
(Address) Paris Ky
20. FILED 11/10, 1932 D. J. Summary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 9th, 1932
22. I HEREBY CERTIFY, That I attended deceased from 11-6-, 1932 to 11-9-, 1932
I last saw her alive on 11-9-, 1932, death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Meningitis	

Contributory causes of importance not related to principal cause:
Milk infection

Name of operation _____ Date of _____
What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (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 _____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify _____
(Signed) R. Henry, M. D.
(Address) No. Middletown

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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.