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Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

Registration District No. 1070 Primary Registration District No. 2425

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Madison
(c) Name of hospital or institution Mary Chiles Hospital
(d) Length of stay: 10 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Bath
(c) City or town Rural
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____

3(a) FULL NAME Minnie Evans
(b) If veteran, Name war _____ (c) Social Security No. _____

4. Sex Female Color White (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ed Evans
(c) Age of husband or wife if alive _____
7. Birth date of deceased: May 30 1875
(Month) (Day) (Year)

5. AGE: 66 Years 5 Months 17 Days (if less than one day, min.)
6. Birthplace Bath County, Ky
8. Usual occupation Housewife
11. Industry or business _____

FATHER:
12. Name Alfred Myers
13. Birthplace Bath Co. Ky

MOTHER:
14. Maiden name Margaret Ingram
15. Birthplace Bath Co. Ky

16(a) Informant's own signature Ed Evans
(b) Address Bath Dick, Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Green Cem. Date Dec 16 1941
18(a) Signature of funeral director Barnes & Heron
(b) Address Bath Dick, Ky

19(a) Dec 29 1941 (Date received by local registrar)

20. DATE OF DEATH Dec 17 1941
21. I hereby certify that I attended the deceased _____
to _____
_____ stated above at _____
Immediate cause of death: Terminal Disease
Due to Senescence
Other conditions (Incl. _____)
Major findings: _____
Of operations _____
Of autopsy _____

MARGIN RESERVED FOR BENDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

