

28710

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

Form V. S. 1-A

File No. \_\_\_\_\_

1. PLACE OF DEATH  
County Bath  
City \_\_\_\_\_  
Reg. Dist. No. Bath  
Primary Reg. Dist. No. 4085

2. FULL NAME Maggie McBlotkin  
(if death occurred in a hospital or institution, give its NAME instead of street and number)  
City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (if nonresident, give city or town and State)

MARGIN RESERVED FOR BINDING.  
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be entered 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 (circle the right) Married

6. DATE OF BIRTH May 30, 1875

7. AGE 60 6 19 1 40 1 40

8. Trade, profession, or particular kind of every day, or special, longer, temporary, etc.

9. Industry or business in which work was done, or other work, domestic, hotel, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (month and year) spent in this occupation

12. BIRTHPLACE Kentucky

FATHER  
13. NAME Alfred Myers  
14. BIRTHPLACE Kentucky

MOTHER  
15. MAIDEN NAME Margaret Deygram  
16. BIRTHPLACE Kentucky

17. INFORMANT Ed. Myers  
(Address) Salt Lick, Ky.

18. BURIAL, CREMATION, OR REMOVAL  
Place Jones Cem Date Dec 19 1935

19. UNDERTAKER Toomey & Harshman  
(Address) Salt Lick, Ky.

20. FILED 12 19 35 (M. S. Sullivan)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 17, 1935

22. I HEREBY CERTIFY that I attended deceased from Dec 11 to Dec 17, 1935. I last saw her alive on Dec 17, 1935. It is said to have occurred on the date stated above, at \_\_\_\_\_, Ky. The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial Break Down and Heart Disease 95%

Contributory causes of importance not related to principal cause:  
congestion of lungs 10%

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
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) D. C. Jones M. D.  
(Address) Salt Lick, Ky.