

WRITE PLAINLY.
ALL INFORMATION SHOULD BE CORRECTLY ENTERED. AGE SHOULD BE STATED IN YEARS. BIRTH PLACE SHOULD BE STATED IN CITY OR TOWN, SO THAT IT MAY BE PROPERTY IDENTIFIED. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

Form V. S. 1-50n-4-27-38 2 PAGE OF DEATH		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		21065
County Salt Lick		Registration District No. 52	File No.	
Vet. Pat. NO. 27		Ins. Town Salt Lick, Ky.	Primary Registration District No. 4085 -	Registered No.
City _____		(No.)	St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2 FULL NAME Catherine Jones				
(a) Residence. No. _____ (Usual place of abode)		St. _____ Ward. _____	(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ da.		St. _____ Ward. _____	(If foreign birth) yrs. _____ mo. _____ da.	
3 PERSONAL AND STATISTICAL PARTICULARS				
4 SEX	5 COLOR OR RACE	6 Blood Married Widowed Divorced (Write the word)	MEDICAL CERTIFICATE OF DEATH	
Female	white		10 DATE OF DEATH Sept. 27/31	(Month) (Day) (Year)
6a If married, widowed, or divorced HUSBAND of (or) WIFE of John Thomas Jones		I HEREBY CERTIFY, That I attended deceased from... at various times during past 2 years that I last saw him examined on Nov 1936 and that death occurred on the date stated above at... The CAUSE OF DEATH* was as follows: Tuberculosis (pulmonary)		
7 AGE	Dec 31 1883 (Month) (Day) (Year)	IF LESS THAN 1 day.....mo. or.....da.	23 (Duration) 2 to 3 yrs. mes. da.	
8 OCCUPATION OF DECEDENT (a) Trade, profession or particular kind of work House keeper in own (b) General nature of industry, business or establishment in which employed (or employer) home		Contributory (Secondary)		
9 BIRTHPLACE (city or town) Evansville (State or country)		11 WHERE DISEASE CONTRACTED If not at place of death? Did an operation precede death? If so Date of Was there an autopsy? If so What test confirmed diagnosis (Signed) Dr. C. Alexander, M. D. Sept. 28/31 (Address) Salt Lick, Ky.		
10 PARENTS		12 PLACE OF BURIAL OR REMOVAL Jones Cemetery UNDERTAKER Norman Hesemann ADDRESS Salt Lick, Ky.		
11 NAME OF FATHER John E. Rice	12 BIRTHPLACE OF FATHER (city or town) Ky. (State or country)	13 CAUSE OF 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.)		
12 MAIDEN NAME OF MOTHER Don't Know	13 BIRTHPLACE OF MOTHER (city or town) Ky. (State or country)			
14 (Informant) John Jones (Address) Farmers, Ky.				
Filed 8-28-31 by S. C. Alexander Registrar				