

MARGIN RESERVED FOR BINDING
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4. 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 im-

DEATH IN PLATE CERTIFIED, NO. 1000		CERTIFICATE OF DEATH	
Registration District No. <u>1310</u>		Primary Registration District No. <u>8178</u>	
I. PLACE OF DEATH: (a) County <u>Rural</u> (b) City or Town <u>Rural</u> (c) Name of hospital or institution (d) Length of stay in hospital or community (Year, months or days)		2. USUAL RESIDENCE OF DECEDENT: (a) State <u>KY</u> (b) County <u>Rural</u> (c) City or town <u>Rural</u> (d) outside city or town limits, write BURIAL (d) Street No. (e) If foreign born, how long in U. S. A. _____ years	
3(a) FULL NAME: <u>Sally Weston</u> (b) Social Security No. Name was _____ (c) Color or race <u>W</u> (d) Single, widowed, married, divorced <u>W</u>		MEDICAL CERTIFICATION 20. DATE OF DEATH: <u>JULY 8</u> <u>1932</u> I hereby certify that I attended the deceased from _____ to _____, that I last saw him alive on _____, and that death occurred on the date stated above at <u>3:00 P.M.</u> Immediate cause of death <u>Bronchial Pneumonia</u> <u>3 day</u>	
4. Sex <u>F</u> 5. Age: <u>74</u> Months <u>9</u> Days <u>3</u> If less than one day 6. Birthplace <u>KY</u> 7. Residence <u>Hancock KY</u> 8. Usual occupation <u>Homemaker</u> 9. Industry or business		DURATION: Due to <u>Influenza</u> Other conditions (Include pregnancy within 3 months of death) Major findings <u>334-107</u> Of operations _____ Of autopsy _____	
MATERIAL 10. Name <u>LEVITICA L. FULLER</u> KY 11. Birthplace <u>KY</u> 12. Maiden name <u>JENNIE COMBS</u> KY 13. Birthplace <u>KY</u> 14. Informant's own signature (b) Address <u>SAM - GULLETT</u> <u>FARMERS</u>		15. If death was due to external cause, fill in the following: (a) Accident, suicide, or homicide (Specify) (b) Date of occurrence _____ (c) Where did injury occur? In an about home, on farm, in industrial place in public place? _____ (Specify type of place)	
16. BURIAL, Cremation, or Removal Place <u>Trees</u> Date <u>July 10</u> Year <u>1932</u> (a) Signature of funeral director (b) Address <u>Horanman</u> <u>Salt Creek</u> <u>T.B. Young</u>		While at work? _____ (b) Name of injury _____ 17. Signature <u>S. T. Young</u> (a) Address <u>Mooreless #, off street</u> Date signed <u>1932</u>	
(c) Date received by local registrar (d) Examiner's signature			