

1. PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

Registered No.

County

Carter

Vol. No.

Reeder #7

Registration District No. 322

Inn. Town

Primary Registration District No. 4426

City

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Josephine Myers Harline

(a) Residence No.

Parsons, Ky.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

176 mos. 60.

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)

Married

6a. If married, widowed, or divorced

husband or last wife of

Walter Harline

6. DATE OF BIRTH

Mar 5 1917

7. AGE

21

Years

Months

Days

8. LESS than 1 day

9. Trade, profession, or particular kind of work done, or occupation, avocation, bookkeeper, etc.

tailor

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE

Ky

13. NAME

Josephine Myers

14. BIRTHPLACE

Ky

15. MAIDEN NAME

Centerville, Ky

16. BIRTHPLACE

Ky

17. INFORMANT

Clarence Myers

(Address)

Parsons, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Lebanon, Ky Date: June 17 1938

19. UNDERTAKER

Walter Harmon

(Address)

Salt Lake, Ky

20. FILED

June 27, 1938 Mrs. P. B. Harline

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 17 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on

The principal cause of death and related causes of importance in order of onset were as follows:

Coronary aneurysm
ruptured heart by heavy
shot & hit by alcohol &
threw her down stairs

Contributory causes of importance not related to principal cause:

173

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

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) C. W. Henderson

(Address) Owen Hill Ky

County Coroner - Carter

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully noted. AGE should be stated EXACTLY. PHYSICAL 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.