COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

15516

File No.

Registered No. 78

Form V. S. 1-A—10m—9-17-35

1. PLACE OF DEATH

County Montgomery Co.

Reg. Dist. No. 1070

Primary Registration District No. 2425

Ins. Town

City Mt.Sterling,Ky. (No.) St. (Ward)

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

2. FULL NAME Barbara Jean Hagee

(a) Residence: No. 6 Jameson St. ...in., 2 ...ward

(If transient, give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. 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. If married, widowed, or divorced, HUSBAND of (or WIFE of): Single

6. DATE OF BIRTH: June 27,1935

7. AGE: Years ... Months ... Days ... If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE: Montgomery Co Ky.

13. NAME: Arthur Hagee

14. BIRTHPLACE: Bath Co.Ky.

15. MAIDEN NAME: Edna McNeth

16. BIRTHPLACE: Bath Co. Ky.

17. INFORMANT: Mr.Arthur Hagee

(Address) Mt.Sterling,Ky.

18. BURIAL, CREMATION, OR REMOVAL: Bath Co.Ky. Date 6/29/1935

19. UNDERTAKER: Eastin A Keal

(Address) Mt.Sterling,Ky.

20. FILED June 27 1935 June C B Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 27,1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ... 19..., that I last saw ... alive on ... 19..., and that death is said to have occurred on the date stated above, at ... o'clock ...M. The principal cause of death and related causes of importance in order of onset were as follows:

Still born — Duration of disease ...

Contributory causes of importance but related to principal cause:

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 ... 19...

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?

(Signed) J.M.McGuire M. D.

(Address) Mt.Sterling, Ky.

WARNING RESERVED FOR BINDING

U. S. WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked and should be given EXACTLY. PHYSICIANS should notify CAUSE OF DEATH in plain terms. Abbreviations and symbols should not be used. Sign FULL NAME of certifier.