

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

24059

1. PLACE OF DEATH
County Bath
Vol. 688 Registration District No. 5-2
Inc. Town _____ Primary Registration District No. 4048
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Magoffin
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
New (ang 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) widowed
6. If married, widowed or divorced, name of (or) WIFE or HUSBAND Jos. Magoffin
7. AGE 79 Months 4 Days 25 If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, or aginner, Sawyer, bookkeeper, etc. House Keeper
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 Magoffin Co., Ky.
13. NAME H. Harrison Hages
14. BIRTHPLACE Magoffin Co., Ky.
15. MAIDEN NAME Phaella Patrick
16. BIRTHPLACE Magoffin Co., Ky.
17. INFORMANT John Magoffin
(Address) Salt Creek, Ky.
18. BURIAL, CREMATION, OR REMOVAL
Place Forest Elm Date Nov 1st 1934
19. UNDERTAKER Boarman & Norton
(Address) Salt Creek, Ky.
20. FILED Nov 1st 1934 Wm. S. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH Oct. 31 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 25 to Oct 25 1934
I last saw live on Oct 25 at 130
The principal cause of death and related causes of importance in order of onset were as follows:
Pyæmia Date of onset 7 days
Organic Heart Disease
Contributory causes of importance not related to principal cause:
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. T. Jones M. D.
(Address) Salt Creek, Ky.

MARGIN RESERVED FOR ENDING
N. 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 important. See instructions on back of certificate.