FORM V S 1 [illegible] 2-29-11

1 PLACE OF DEATH

County: Bath

Vet. Pct.: Bethel

Inc. Town:

City: (No. St., Ward)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2590

File No.:

Registration District No.: 53

Primary Registration District No.: 4 [illegible]

Registered No.:

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

1 FULL NAME: Sabra Lee Amelia

PERSONAL AND STATISTICAL PARTICULARS

2 SEX: Male

3 COLOR OR RACE: white

4 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

5 DATE OF BIRTH: Dec (Month) 26 (Day), 1931 (Year)

7 AGE: yrs. 1 mos. 26 ds. (If LESS than 1 day, hrs. or min.?)

8 OCCUPATION
(a) Trade, profession, or particular kind of work:
(b) General nature of industry, business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Kentucky - Bath Co.

PARENTS

10 NAME OF FATHER: Clyde Raymond

11 BIRTHPLACE OF FATHER (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Sara Jane Wightman

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Bethel Ky

(Address): [illegible]

15 Filed: March 1932 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 26 (Day), 1932 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932 to Feb 26, 1932 that I last saw him alive on Feb 26, 1932 and that death occurred on the date stated above at 5 p.m. The CAUSE OF DEATH* was as follows:

Pneumonia (Com. Lob.)

(Duration) yrs. mos. 5 ds.

Contributory (Secondary): Malnutrition

(Duration) yrs. 2 mos. [illegible] ds.

(Signed) [illegible], M. D.

Feb 26, 1932 (Address) Bethel Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death: yrs. mos. ds. In the State: yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence:

19 PLACE OF BURIAL OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Feb 27, 1932

20 UNDERTAKER: Barnett & Pike

ADDRESS: Bethel Ky

11—2191

WARNING: INCORRECT OR INCOMPLETE RECORDS

WRITE PLAINLY, WITH DEFACING INK—THIS IS A PERMANENT RECORD

R. B.—Every item of information should state CAUSE OF DEATH. Let be carefully supplied. AGE should state years, so that it may be proper. CUPATION is very important. See instructions on back of certificate. Read EXACTLY. PHYSICIANS Read. Exact statement of OC-