

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. _____

1. PLACE OF DEATH

County Bath

Vet. Post _____

Registration District No. 52

Inn. Town South Fork

Primary Registration District No. 4083

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Gladyss Irene Hardin

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, 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 girl 4. COLOR OR HAIR brn 5. Single, Married, Widowed or Divorced (circle the correct)

6a. If married, widowed, or divorced, give name of husband or wife at _____

6. DATE OF BIRTH 11-12-33

7. AGE Years _____ Months _____ Days 6 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. _____
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 spent in this occupation _____

12. BIRTHPLACE Bath Ky

13. NAME of MOTHER Dr. Jackson Hardin

14. BIRTHPLACE of MOTHER Bath Ky

15. MAIDEN NAME of MOTHER Laura D. Peterson

16. BIRTHPLACE of MOTHER Bath Ky

17. INFORMANT Dr. J. C. Plympton

(Address) 1011 S. 1st St. Bath Ky

18. BURIAL, CREMATION, OR REMOVAL Place Union 44rd Date 11/24/33

19. UNDERTAKER James H. Anderson

(Address) 1011 S. 1st St. Bath Ky

20. FILED 11-24-33 In 2 PC 24 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/23, 1933 to 11/24, 1933

I last saw h. alive on 11/24, 1933, at 10:30 p.m. to have occurred on the date stated above, at 10:30 p.m. The principal cause of death and related causes of importance in order of onset were as follows:

Subsidence of urine

Contributory causes of importance not related to (circle) cause: _____

At Pulmonary Arteriosclerosis

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) J. C. Plympton, M. D.

(Address) 1011 S. 1st St. Bath Ky

MARGIN RESERVED FOR BINDING

11. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. USE should be stated EXACTLY. PHYSICIAN 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.