

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31587

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF DEATH

County Bath

Vot. Precinct \_\_\_\_\_

Inc. Town Salt Lick Ky

City \_\_\_\_\_

Registration District No. 5-2Primary Registration District No. 4083(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Nancy Donaldson(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 Female 4. COLOR OR RACE White 5. Single, Married, Widowed  
or Divorced (write the word) Widowed5a. If married, widowed, or divorced  
HUSBAND of James Lacy  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH March 31, 19367. AGE Years 77 Months 8 Days 29 If LESS than  
1 day \_\_\_\_\_ hrs. \_\_\_\_\_  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Housewife9. 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 Salt Lick, Ky.13. NAME John Donaldson14. BIRTHPLACE Ky15. MAIDEN NAME Hannah Spencer16. BIRTHPLACE Ky17. INFORMANT Frank Donaldson(Address) Salt Lick, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place James Cline Date Dec. 30, 193619. UNDERTAKER Barnes Horseman(Address) Salt Lick, Ky20. FILED 12-30-36 Mrs. S. E. Alexander Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 29, 193622. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:No physician in  
attendance signed as  
Health officerContributory causes of importance not 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? \_\_\_\_\_ If so, specify \_\_\_\_\_(Signed) J. B. Goodpastor, M. D.(Address) Quinnsville, Ky.