

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

File No. 2745

1. PLACE OF DEATH
County Bath
Vot. Pct. 7085
Inc. Town _____
City _____

Registration District No. 02
Primary Registration District No. 4285

Registered No. _____

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

2. FULL NAME My Janie Crouch
(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Josh Crouch</u>			
6. DATE OF BIRTH _____			
7. AGE	Years	Months	Days
<u>57</u>			If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
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 <u>Kentucky</u>			
13. NAME <u>John Pergem</u>			
14. BIRTHPLACE <u>Kentucky</u>			
15. MAIDEN NAME <u>Carolina Crouch</u>			
16. BIRTHPLACE <u>Kentucky</u>			
17. INFORMANT <u>Josh Crouch</u> (Address) <u>Balt Dick, Ky</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Jones Cemetery</u> Date <u>Feb 9</u> 19 <u>39</u>			
19. UNDERTAKER <u>Barnes & Horseman</u> (Address) <u>Balt Dick, Ky</u>			
20. FILED <u>2-9</u> 19 <u>39</u> <u>W. S. Reynolds</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 8 1939

22. I HEREBY CERTIFY That I attended deceased from Feb 8 1939 to Feb 6 1939.
I last saw her alive on Feb 6 1939. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Organic Heart Disease with Cardiac Stenosis, Hypertension, Heart Failure
Dropy 11-45

Contributory causes of importance not related to principal cause:
Influenza

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 _____ 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) Dr. C. T. Jones M. D.
(Address) Balt Dick, Ky

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING 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.