

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

File No. 120  
Registered No. \_\_\_\_\_

1 PLACE OF DEATH  
County Bell  
Vol. 4048 Registration District No. 52  
Inc. Town \_\_\_\_\_ Primary Registration District No. 4086  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give the NAME instead of street and number)

2 FULL NAME Morton Ann Estep  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonexistent, 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  
1 SEX Female 4 COLOR OR RACE White 5 Single  Married  Widowed  Divorced  (Write the word)

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH Jan. 17/33 1933  
(Month) (Day) (Year)

6a If married, widowed, or divorced  
HUSBAND of Milton Estep  
(or) WIFE of \_\_\_\_\_  
17 DATE OF BIRTH June 30/1870  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7/33, 1933, to Jan. 15/33, 1933, that I last saw h.s.k. alive on Jan. 13/33, 1933, and that death occurred on the date stated above at 6:20 a.m.  
The CAUSE OF DEATH\* was as follows:  
Double Lobar Pneumonia

18 AGE 62 yrs. 6 mos. 17 ds. IF LESS THAN 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
19 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work operator of  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

18 CAUSE OF DEATH\* was as follows:  
Double Lobar Pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
Contributory Influenza  
(Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

20 BIRTHPLACE (city or town) Clothier, W. Va.  
(State or country)  
PARENTS  
21 NAME OF FATHER John Estep  
22 BIRTHPLACE OF FATHER (city or town) Clothier, W. Va.  
(State or country)  
23 MAIDEN NAME OF MOTHER Morine Estep  
24 BIRTHPLACE OF MOTHER Bell Co., W. Va.  
(State or country)

19 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? NO Date of \_\_\_\_\_  
Was there an autopsy? NO  
What test confirmed diagnosis?  
(Signed) D. C. T. Jones M. D.  
Jan. 17, 1933 (Address) alt Loc., Ky.

25 (Informant) Milton Estep  
(Address) Bell Co., W. Va.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal, (the reverse side for additional space.)

26 PLACE OF BURIAL OR REMOVAL none DATE OF BURIAL 1-18-33  
UNDERTAKER none ADDRESS none

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
M. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain and important. See instructions on back of certificate.  
MARRIAGE REGISTERED FOR RECORDS