

24313

Form V. R. 1-Rev-44-N 1 PLACE OF DEATH County <u>Park</u>		COMMONWEALTH OF KENTUCKY State Board of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
Vol. Pct. <u>415</u>		Registration District No. <u>52</u>	File No.
Inc. Town.....	Primary Registration District No.	Registered No.	
City..... (No.)	St. Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number.)	
2 FULL NAME <u>Velva Clotilde Booth</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>Female</u>	4 COLOR OF HAIR <u>white</u>	5 Single Married Widowed or Divorced (Write the word) <u>single</u>	MEDICAL CERTIFICATE OF DEATH
6 DATE OF BIRTH <u>Sept 26 1916</u> (Month) (Day) (Year)		11 DATE OF DEATH <u>Oct 11 1926</u> (Month) (Day) (Year)	
7 AGE <u>1 yr. 1 mo. 14 da.</u>		12 I HEREBY CERTIFY, That I attended deceased from <u>Sept 26 1926</u> to <u>Oct 10 1926</u> that I last saw her alive on <u>Oct 10 1926</u> and that death occurred on the date stated above at <u>Bethel Ky</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work <u>none</u> (b) General nature of industry, business or establishment in which employed (or employer) <u></u>		13 CAUSE OF DEATH was as follows: <u>Celiac cystitis & organic heart trouble</u>	
9 BIRTHPLACE (State or country) <u>Bethel Co. Ky</u>		14 LENGTH OF ILLNESS (For Hospitals, Institutions, Transients or Recent Residents) at place of death <u>Dr. C. J. Jones M. D.</u> in the State <u>Ky</u> yrs. <u>1</u> mos. <u>0</u> da. Where was disease contracted If not at place of death?	
PARENTS 10 NAME OF FATHER <u>James Booth</u> 11 BIRTHPLACE OF FATHER <u>Wolfe Co. Ky</u> 12 MAIDEN NAME OF MOTHER <u>Gladys Jessie McCarty</u> 13 BIRTHPLACE OF MOTHER <u>Bethel Co. Ky</u>		15 FORMER OR USUAL RESIDENCE <u>Salwick Ky</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Dr. C. J. Jones</u> (Address) <u>Salwick Ky</u>		16 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL UNDERTAKER <u>Jones & York</u> ATTESTED <u>10-11-1926</u> REGISTRAR <u>None</u> <u>None</u>	
17 FILED <u>10-11-1926</u> IN <u>Mr. Settysland</u>			
18			
19-20			

REASERIALIZED FOR RECORD

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.