

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

11131

1 PLACE OF DEATH

County Bath

File No.

Vot. Pot. Registration District No. 5-2

Registered No.

Ino. Town Primary Registration District No. 4248

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

2 FULL NAME

Suey Sales
(a) Residence No. East Sick Ky St. Ward. (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 Colored 5 Single Married Widowed or Divorced (Write the word)

6a If married, widowed, or divorced HUSBAND of Richard Sales (or) WIFE of

6 DATE OF BIRTH July 11 1885 (Month) (Day) (Year)

7 AGE 80 yrs. 9 mos. 20 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Domestic (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Kentucky

PARENTS 10 NAME OF FATHER Andy Wilson 11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky 12 MAIDEN NAME OF MOTHER Lobby Donathan 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

14 (Informant) Sick Sales (Address) Salt Lick Ky

15 Filed 5-2 1935 - M^o A. Reynolds Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 1 1935 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to Apr 24, 1935, that I last saw him alive on Apr 22, 1935, and that death occurred on the date stated above at 1230 P.M. The CAUSE OF DEATH* was as follows:

Empyema

(Duration) yrs. mos. 25 ds.

Contributory (Secondary) Organic Heart Disease (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? 200

What test confirmed diagnosis? Dr. C. J. Jones (Address) Salt Lick Ky

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL May 2 1935

20 UNDERTAKER Barnes & Harman ADDRESS Salt Lick Ky

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. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. It is important that the classification of OCCUPATION is very important. See instructions on back of certificate.

REPRODUCED BY PERMISSION OF THE BOARD OF HEALTH