Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24773

File No.
Registered No. 12
Registration District No. 7
Primary Registration District No. 7

1 PLACE OF DEATH
County Jessamine
Vot. Pct. No. 11
Ins. Town
City No. St. Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Joseph Westaugh.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.
4 COLOR OR RACE W.
5 SINGLE, MARRIED (or WIDOWED, or DIVORCED) (Write the word) ✓
6 DATE OF BIRTH May 1864
7 AGE 73 yrs. 4 mos. ds. IF LESS than 1 day hrs. or min.
8 OCCUPATION (a) Trade, profession, or particular kind of work Labor
(b) General nature of industry business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Hungary
10 NAME OF FATHER Mr Brewer
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)
PARENTS
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Gibson
(Address) Farmers Ky.
15 Filed Sept 29 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 27, 1937
17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date stated above at A.M. m. The CAUSE OF DEATH* was as follows:
Nephritis, Acute
(Duration) yrs. 3 mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) [illegible] M. D.
Health Officer
Address Farmers Ky.
*State the Disease Causing Death, or in Deaths from Violence (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL Jessamine Co. Ky.
DATE OF BURIAL Sept 29, 1937
20 UNDERTAKER Farmers Ky.
ADDRESS

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD

B. B.—Every item of information should be carefully examined, and MUST already be stated EXACTLY. PHYSICIANS should carefully observe the following instructions, as on them depends the value of the certificate. Space insufficient for complete answers to any item should not be used for additional statements, but such statements should be made in the space provided for remarks.

CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c).

(a) Enter the DISEASE CAUSING DEATH, or in deaths from violence, the NATURE OF INJURY, as the primary cause, or in deaths from puerperal state, state the cause, and the duration of each.

(b) Enter SECONDARY CAUSES, if any, which gave rise to the primary cause, stating the duration of each.

(c) Enter the MORBID CONDITIONS, if any, which gave rise to the secondary causes, stating the duration of each.

It is very important that the cause of death be carefully and correctly stated.