

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Reg. No. 816592

1. PLACE OF DEATH  
County Bath  
Vol. No. 4092

Registration District No. 50  
Primary Registration District No. 4193

Inq. Town \_\_\_\_\_ City \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lula Meadows IF VETERAN, WHAT WART \_\_\_\_\_

(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>Widowed</u>		
6. If married, widowed, or divorced HUSBAND or (W) WIFE of <u>William Meadows</u>				
6. DATE OF BIRTH <u>Don't Know</u>				
7. AGE	Years	Months	Days	IF LESS THAN 1 day, hr. or min.
	<u>75</u>			
8. Trade, profession, or occupation (kind of work done, at office, shop, bank, etc.)				
9. Industry or business in which work was done, as with mill, sawmill, bank, etc.				
10. Date deceased last worked at this occupation (month and year)				
11. Total (use percent) years in this occupation				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	<u>September 18, 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.	
I last saw him alive on <u>Sept 17, 1939</u> , death is said to have occurred on the date stated above, at _____.	
The principal cause of death and related causes of importance in order of onset were as follows:	
Organic heart disease probably	1938
Contributory causes of importance not related to principal cause:	
Arteriosclerosis probably	1932

12. BIRTHPLACE	<u>Kentucky</u>
FATHER	13. NAME <u>Enoch Mc Cartty</u>
	14. BIRTHPLACE <u>Kentucky</u>
MOTHER	15. MAIDEN NAME <u>Marrah Mc Cartty</u>
	16. BIRTHPLACE <u>Kentucky</u>
17. INFORMANT	<u>John Meadows</u>
(Address)	<u>Ball Lick, Ky</u>
18. BURIAL, CREMATION, OR REMOVAL	
Place	<u>Jones Cem. Sept 20, 1939</u>
19. UNDERTAKER	<u>Barnes &amp; Hargraves</u>
(Address)	<u>Ball Lick, Ky</u>
20. FILED	<u>Sept 20, 1939 Mrs. J. Bradley</u>

Name of operation	Date of _____
What test confirmed diagnosis?	<u>Was there an autopsy?</u>
23. If death was due to external causes (violence) fill in along 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)	<u>Dr. C. J. Jones</u> M. D.
(Address)	<u>Ball Lick, Ky</u>

MARGIN RESERVED FOR BINDING  
N. B. WRITE PLAINLY, WITH INK.—THIS IS A PERMANENT RECORD. AGE should be carefully specified. Exact statement of OCCUPATION in very important. See instructions on back of certificate.