

Death 091

MARGIN RESERVED FOR BINDING
FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 100-80m-6-17-31

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

13224
File No. _____
Registered No. 43

1. PLACE OF DEATH
County Anderson
Vot. Prec. Laurelburg
Incl. Laurelburg
City Laurelburg (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME
Annice Shroyer
(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. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		21. DATE OF DEATH <u>Oct 30 1934</u>	22. I HEREBY CERTIFY That I attended deceased from <u>June 29, 1934</u> to <u>June 30, 1934</u> I last saw her alive on <u>October 26, 1934</u> death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Apoplexy</u> <u>820</u>
6. If married, widowed, or divorced HUSBAND or (or) WIFE of _____				Date of onset <u>6-29-34</u>	
7. AGE Years <u>76</u> Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.				8. Trade, profession, or particular kind of work done, as <u>housekeeper</u> 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE <u>Ft. Ky</u>				Contributory causes of importance not related to principal cause: _____	
13. NAME <u>Richard Jones</u>				Name of operation _____ Date of _____	
14. BIRTHPLACE <u>Ft. Ky</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME _____				23. If death was due to external causes (violence) fill in also 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.	
16. BIRTHPLACE <u>Laurelburg</u>				Manner of injury _____ Nature of injury _____	
17. INDEPENDENT <u>Laurelburg</u> (Address)				24. Was disease or injury in any way related to occupation of _____	
18. BIRTHPLACE <u>Laurelburg</u>				deceased? _____ M. D. specify _____	
19. UNDERTAKER <u>Laurelburg</u> (Address)				(Signed) <u>J. H. Grant</u> M. D. (Address) <u>Laurelburg, Ky</u>	
20. FILED <u>July 2, 1934</u> <u>Wm. Chas. H. Register</u>					