

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30194

File No. _____

Registered No. 5165

1. PLACE OF DEATH

County Jefferson

Vot. Precinct _____

Incl. Town _____

City LouisvilleRegistration District No. 755Primary Registration District No. 2275

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

2. FULL NAME Jennie Ballard

IF VETERAN, WHAT WAR? _____

(a) Residence No. 2421 W Broadway St. 20 Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. Single, Married, Widowed or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Green Ballard6. DATE OF BIRTH 1864 Oct 187. AGE Years Months Days IF LESS than 1 day.....hrs. or.....min. 74 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housekeeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky13. NAME Richard Peake14. BIRTHPLACE Kentucky15. MAIDEN NAME Eliza Boone16. BIRTHPLACE Kentucky17. INFORMANT Green Ballard(Address) 2421 W Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place St Michael's Date Dec 20, 193819. UNDERTAKER Carl E Herbold(Address) 200 Broadway20. FILED DEC 20 1938Dr. L. P. Leafers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 18, 193822. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Dec 18, 1938I last saw her alive on Nov 19, 1938 death is said to have occurred on the date stated above, at 10 m. The principal cause of death and related causes of importance in order of onset were as follows:Endocarditis

Date of onset

Oct 10

Contributory causes of importance not related to principal cause:

Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 10 _____

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) L. P. Leafers M. D.(Address) 1843 Duff St

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

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