

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10822

PLACE OF DEATH

County Jefferson

Vot. Pct. _____

Inc. Town _____

City LouisvilleRegistration District No. 155Primary Registration District No. 6618File No. _____
Registered No. LEED

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

2. FULL NAME Mary Belle Bartley(a) Residence, No. 857 S 26 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 Female 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of Widowed6. DATE OF BIRTH 1867 Mar 87. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
69 5 48. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife

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 Elybelle Boon16. BIRTHPLACE Kentucky17. INFORMANT Josiah Carl Bartley
(Address) 857 S 26 St18. BURIAL, CREMATION, OR REMOVAL
Place New Haven Tg Date April 15, 193619. UNDERTAKER Carl Chubold + Rurman
(Address) 20 + Broadway20. FILED April 15, 1936 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 12, 193622. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1936 to Apr 12, 1936.
I last saw him alive on Apr 12, 1936 death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:Myocarditis Date of onset Apr 12

Contributory causes of importance not related to principal cause:

Arterial Sclerosis

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 _____ 1936

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. Cooper, M. D.(Address) 1313 West HighwayL. Cooper

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—This is a permanent record. Every item of information should be carefully supplied. GE 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.