

23838

State File No. 4453
Registrar's No. 4453

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

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 755 Primary Registration District No. 2275

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town KY
(c) Name of hospital or institution: 1768 Wilson
(d) Length of stay: In hospital or community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KY (b) County Jefferson
(c) City or town Louisville
(d) Street No. 1768 Wilson
(e) If foreign born, how long in U. S. A. 1649 previous 7 years

3(a) FULL NAME Susan E. Duvall

3(b) If veteran, Name war No. 3(c) Social Security No.

4. Sex F 5. Color or race W 6(a) Single, widowed, divorced

6(b) Name of husband or wife Stephen Duvall

6(c) Age of husband or wife if alive

7. Birth date of deceased April 23 1947
(Month) (Day) (Year)

8. AGE: Years 93 Months 5 Days 15 If less than one day hr. min.

9. Birthplace KY

10. Usual occupation None

11. Industry or business

FATHER 12. Name William Peak

13. Birthplace KY

MOTHER 14. Maiden name Unknown

15. Birthplace

16(a) Informant's own signature W. R. Duvall

(b) Address 1768 Wilson

17. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cem Date Oct 12, 1940

18(a) Signature of funeral director R. B. Blumford

(b) Address 2815 S. 4th

19(a) OCT 17 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10, 1940

21. I hereby certify that I attended the deceased from Sept. 12, 1940

to Oct. 9, 1940, that I last saw her alive on Oct. 9, 1940

and that death occurred on the date stated above at 5:20 P.M. Oct. 10, 1940

Immediate cause of death: Cerebral hemorrhage

DURATION 5

Due to senility & actual hypertension years.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? In or about home, on farm, in industrial place in public place? (Specify type of place)

While at work? (e) Means of injury 4468

23. Signature W. P. Embury (M. D. or other)

Address 10226 Broadway Date signed Oct. 11, 1940

MARGIN RESERVED FOR BINDING

Every item of information 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.

W. P. Embury
1502 W. 13th