

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Marion*

Vot. Pot. *Holy Cross Ky*

Ino. Town

City

Registration District No. *996*

Primary Registration District No. *66...11*

2 FULL NAME *Mrs. Catherine Ferriell*

File No. *11716*

Registered No. *3*

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*
(Write the word)

6 DATE OF BIRTH *Feb. 25, 1858*
(Month) (Day) (Year)

7 AGE *78* yrs. *2* mos. *2* ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *house work* (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Nelson Co. Ky.*

10 NAME OF FATHER *Richard D. Peake*

11 BIRTHPLACE OF FATHER (State or country) *Nelson Co. Ky.*

12 MAIDEN NAME OF MOTHER *Eliza Boone*

13 BIRTHPLACE OF MOTHER (State or country) *Nelson Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Donald Ferriell*
(Address) *Holy Cross Ky.*

15 Filed *Apr 21 1936* *M. Nugent*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 2, 1936*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Mar 25, 1936* to *Apr 2, 1936*, that I last saw him alive on *Apr 2, 1936*, and that death occurred on the date stated above at *1 A.M.* The CAUSE OF DEATH was as follows:
Angina pectoris

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *J. J. Bellmott* M. D.

Apr 2, 1936 (Address) *Armo Ky.*

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Holy Cross Ky.* DATE OF BURIAL *April 3, 1936*

20 UNDERTAKER *W. J. Boyle* ADDRESS *Newtown Ky.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
M. D.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly filed. Exact statement of OCCUPATION is very important. Instructions on back of certificate.