

20125

Form V. B. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICSRegistrar's No. 4350

CERTIFICATE OF DEATH

Registration District No. 158Primary Registration District No. 2218

1. PLACE OF DEATH:

(a) County Jefferson
 (b) City or town Falmouth
(If outside city or town limits, write RURAL)
 (c) Name of hospital or institution
814 Lucille Ave
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED

(a) State Kentucky (b) County Jefferson
 (c) City or town Falmouth
(If outside city or town limits, write RURAL)
 (d) Street No. 814 Lucille Ave
(If rural give precinct)
11-2
 (e) If foreign born, how long in U. S. A.? _____ yrs

3(a) FULL NAME Mary M Minsett3(b) If veteran,
Name war _____3(c) Social Security
No. _____4. Sex Female 5. Color or race White 6(a) Single, widowed, married,
divorced Married6(b) Name of husband or wife Matt Minsett6(c) Age of husband or wife if alive 88 Years7. Birth date of deceased April 7 - 1880
(Month) (Day) (Year)8. AGE: Years 67 Months 5 Days 14 If less than one day
hr. _____ min.9. Birthplace New Haven Ky10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name George Peab.13. Birthplace New Haven KyMOTHER { 14. Maiden name Floa Bond.15. Birthplace New Haven Ky16(a) Informant's own signature Matt Minsett(b) Address 814 Lucille Ave

17. BURIAL, CREMATION, OR REMOVAL

Place New Haven Ky Date Sept 24 194718(a) Signature of funeral director George S. Mannon(b) Address 518-520 N. 26th St19(a) OCT 2 1947 (Date received by local registrar)

(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 194721. I hereby certify that I attended the deceased from 3/6 1945to 9/21 1947 that I last saw him alive on9/21 1947 and that death occurred on the datestated above at 79 M.Immediate cause of death Cardiac FailureDURATION
7-36Due to Cancer of lungsOther conditions Ca of left breast gland
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 50-475

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 plant, in public place? _____
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Philip E. Kistler MD
(M.D. or D.D.S.)Address 3408 W. Broadway Date signed 9/26/47

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 classified. Exact statement of OCCUPATION is very important.

9/21/47
10-3-47

9/20/47
11-6-47

9/21/47
12-1-47

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