

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. _____

1 PLACE OF DEATH

County Warrick

Vot. Prec. Richardsville

Ino. Town _____

Registration District No. 1412

Primary Registration District No. 13

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

2 FULL NAME P. H. Alford

(a) Residence. No. _____ 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 m 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mrs. Phyllis Alford

6. DATE OF BIRTH (month, day, and year) _____

7. AGE Years Months Days If LESS than 1 day. — hrs. or — min.
48 8 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

12. BIRTHPLACE (city or town) (State or country) Warrick

13. NAME P. H. Alford

14. BIRTHPLACE (city or town) (State or country) Warrick

15. MAIDEN NAME Bird Smith

16. BIRTHPLACE (city or town) (State or country) Warrick

17. INFORMANT Eranger Alford (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Old Union Date 2/11, 1931

19. UNDERTAKER Thomas Robert Pearson (Address) 709 State St. Bowling Green

20. FILED Feb 10, 1931 Mrs. J. L. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1930 to Jan 5, 1931 I last saw him live on Dec 18, 1930, death is said to have occurred on the date stated above, at 11:29 Pm. The principal cause of death and related causes of importance in order of onset were as follows:

Albuminuria May 19 1930

Contributory causes of importance not related to principal cause:

Myocardial infarct 95 2 yrs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 1931

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? no If so, specify _____

(Signed) W. E. H. H. H. H. H., M. D. (Address) Bowling Green Ky

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITHOUT UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIAN 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.