

Fike, Flora Frances 1937 - 1937

Richmond Daily Register - November 14, 1937

Fike Infant Is Claimed By Death

Funeral services for Flora Frances Fike, infant daughter of Mr. and Mrs. Jack Fike, of Waco, were held at the Macedonian cemetery at Shade, Estill county, Sunday afternoon at 2 o'clock. Her only survivors are her parents. She died at the Patti A. Clay Infirmary, Richmond, Saturday morning at 10:15 o'clock.

Form V. S. 1-A-50m-6-17-31

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

29160
File No. _____
Registered No. _____

1. PLACE OF DEATH
County Madison Co
Vol. Barnett Registration District No. 970
Inc. Town _____ Primary Registration District No. 2320
City Richmond Ky. (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Flora Frances Fike
(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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Still Born</u>			21. DATE OF DEATH <u>11-13-</u> 19 <u>37</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>11-13</u> 19 <u>37</u> to <u>11-13</u> 19 <u>37</u> . I last saw her <u>at home</u> on <u>11-13</u> 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>9</u> <u>am</u> . The principal cause of death and related causes of importance in order of onset were as follows: <u>Still born</u> <u>breach presentation</u> <u>delayed delivery</u>
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____	6. DATE OF BIRTH <u>11-13-</u> 19 <u>37</u>	7. AGE	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____	10. Date deceased last worked at this occupation (month and year) _____	
MOTHER FATHER					23. If death was due to external causes (violence) fill in also the following: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____ 24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. H. Rutledge</u> M. D. Address <u>Richmond, Ky.</u>	
12. BIRTHPLACE <u>Madison Co - Ky.</u>					25. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19____ 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 _____	
13. NAME <u>W. T. Fike</u>					26. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>J. H. Rutledge</u> M. D. Address <u>Richmond, Ky.</u>	
14. BIRTHPLACE <u>Estill Co</u>					27. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. D. Address _____	
15. MAIDEN NAME <u>Dexter Baker</u>					28. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. D. Address _____	
16. BIRTHPLACE <u>Estill Co</u>					29. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) _____ M. D. Address _____	
17. INFORMANT <u>W. T. Fike</u> (Address) <u>Waco Ky.</u>					30. FILED <u>11/13</u> 19 <u>37</u> <u>John M. Stockton</u> Registrar	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Shade Ky.</u> Date <u>11-14</u> 19 <u>37</u>						
19. UNDERTAKER <u>University Mortuary Co</u> (Address) <u>Richmond Ky.</u>						

N. B. WRITE PLAINLY, WITH INKING 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. See instructions on back of certificate.