The Winchester Sun - April 6, 1936

## RITES TUESDAY FOR MRS. HOLDER

Services Set for Ten a. m. at Hill Street Church.

Funeral services for Mrs. Ama F. Holder, 25, who died Sunday night at her home, 121 North Main street, will be conducted at ten a.m. Tuesday at the Hill Street Church of God by the pastor, the Rev. Harrison Hornsby. Burial will be in the Ford cemetery.

Surviving are ber mother, Mrs. Laura Asberaft Franklin; a darghter, Rebecca Holder; a sister, Mrs. Helen Shaw, Denver, Colo., and a brother, Vernon Franklin.

Mrs. Holder was born in Chark county and was a member of the Hill screet church.

ate CAUSE OF DEATH in rery important. See instruc.	Porm V. 8. 1-A  COMMONWEALTH OF KENTUCKY Department of Health BURNAU OF VITAL STATISTICS CERTIFICATE OF DEATH Vot. Per VITAL  Inc. Toy  City  Primary Registration District No. 9199  (If death occurred in a haspitalyor isstitution, give its NAME instead of street and number)  (a) Residence. No. 21 71 Man.  (a) Residence. No. 21 71 Man.  St. Ward  (If nonresident, give city or town and State)			
PHYSICIANS Ment of OCCUP.	Leigh of residence in city or town where death occurred yre. Mos.  PERSONAL AND STATISTICAL PARTICULARS		ds. How long in U. S., If of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH	
	1 SEX   A COLOR OR BACE   5. Single, Married, Widowed		21. DATE OF DEATH CON 5 - 1936	
	Sal. If married, widowed, or directed HUSBAND of (or) WIFE of		HERENY CERTURY, That I attended deceased from  10 to 10 death is said to have occurred on the date stated above, at 115 m. The principal cause of death and related causes of importance	
	6. DATE OF BIRTH Years Month	Days If LESS than	The principal cause of death and related in order of onset were as follows:	Date of onset
1:0	ant 95	ormin.	Tulmorary Infusulo	20 /20
d be carefully supplied. IE should be stated EXACTLY. terms, so that it may properly classified. Exact states on back of certificats.	8. Trude, profession, or particular kind of work done, as spinner, loss anyer, backseper, etc.  8. Industry or business in which work was done, as eith mill, name, etc.		23	
	work was compelled bank, etc		Contributory causes of importance not reliprincipal cause:	ated to
	12. BIRTHPLACE Charle Co. Ky			
	13. HAME Jani Frankt		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	
	15. MAIDEN HAME TO GO STATE THE		25. If death was due to external causes (violence) fill in also the following:  Accident, suicide, or homicide?	
	15. MAIDEN NAME COMME CONTROL OF LAND			
	17. INFORMANT Wineheater 16			
	18. BURIAL, CREMATION, AR REMOVAL		Manner of injury	
shoul plain tions	19. UNDERTAKER S. C. S.		doceand: It my specif	
:	20. FRED 4 - 9 . 19 36 Before.		(Address) Westerter, Ky	
cp. 1819 - 29. 6				