

Norman, Amanda Sue 1940 - 1941

Dr B-  
**14372**

Form V. S. 1-A  
**COMMONWEALTH OF KENTUCKY**  
Department of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1. PLACE OF DEATH  
County Estill  
Vot. Pct. Miller Creek  
Inc. Town Rural 2  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 445'  
Primary Registration District No. 5127

File No. \_\_\_\_\_  
Registered No. 177

2. FULL NAME Amanda Sue Norman  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-English, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. New born (b) of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (with the work) <u>Married</u>		21. DATE OF DEATH <u>May 29<sup>th</sup></u> , 19 <u>41</u>	22. I HEREBY CERTIFY, That I attended deceased from <u>5/29</u> , 19 <u>41</u> to <u>5/29</u> , 19 <u>41</u> I last saw h <sub>e</sub> alive on _____, 19____ death is said to have occurred on the date stated above, at <u>9:45</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Pneumonia bronchitis</u> <u>and</u> <u>emphysema</u> <u>33A-107</u> Date of onset <u>5/25-41</u>
6. DATE OF BIRTH <u>Feb 7<sup>th</sup> 1940</u>		7. AGE Years <u>1</u> Months <u>3</u> Days <u>26</u> If LESS than 1 day _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		Contributory causes of importance not related to principal cause:	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE <u>Estill County</u>					
13. NAME <u>William Norman</u>					
14. BIRTHPLACE <u>Estill County</u>					
15. MAIDEN NAME <u>Alfra Hamilton</u>					
16. BIRTHPLACE <u>Estill County</u>					
17. INFORMANT <u>William Norman</u> (Address) <u>Lucas, Ky</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Estill Co Ky</u> Date <u>5/31/41</u>					
19. UNDERTAKER <u>J. Lewis</u> (Address) <u>Lucas, Ky</u>					
20. FILED <u>5/31/41</u> <u>E. B. Donnell</u> Registrar					
23. 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 _____					
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>W. B. Burdette</u> (Address) <u>Lucas, Ky</u>					

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 instruction on back of certificate.