

27886

Form V. S. 1-A-50m-11-1-29

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**

**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Kenton File No. \_\_\_\_\_  
Registration District No. 790 Registered No. \_\_\_\_\_  
Primary Registration District No. 2290

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

2 FULL NAME William Mc Cormack

(a) Residence. No. 104 E 39 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>M.</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Child</u>			21. DATE OF DEATH (month, day, and year) <u>Nov 6 1930</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 5, 1930 to Nov 7, 1930</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb. 4-1927</u>				I last saw him alive on <u>Nov 7, 1930</u> , death is said to have occurred on the date stated above, at <u>2 P</u> m.		
7. AGE	Years	Months	Days	The principal cause of death and related causes of importance in order of onset were as follows:		
<u>3</u>		<u>9</u>	<u>3</u>	<u>Mixed infection of</u> Date of onset _____		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>				<u>Scarlet fever and Diphtheria</u> <u>11/5</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>				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 (city or town) <u>Covington</u> (State or country)				Name of operation _____ Date of _____		
13. NAME <u>John Mc Cormack</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
14. BIRTHPLACE (city or town) <u>Covington</u> (State or country)				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____		
15. MAIDEN NAME <u>Margaret Bornhorn</u>				Where did injury occur? _____ (Specify city or town, county, and State)		
16. BIRTHPLACE (city or town) <u>Covington</u> (State or country)				Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT <u>Mr John Mc Cormack</u> (Address) _____				Manner of injury _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Methodist B. Ch.</u> Date <u>Oct 4, 1930</u>				Nature of injury _____		
19. UNDERTAKER <u>Nancy Livingston</u> (Address) <u>Covington Ky</u>				24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____		
20. FILED <u>11/8</u> , 19 <u>30</u> Registrar. _____				(Signed) <u>A. L. Abbott</u> , M. D. (Address) <u>2239 Madison Ave</u>		

ALWAYS SIGN. SO THAT IT MAY BE PROPERLY ASSIGNED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS on back of certificate.