

Bartell, Lorena Reese 1853 - 1933

Form V. S. 1-A-57m-11-1-29

12015

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

1 PLACE OF DEATH
County Kenton
Vot. Pct. Visalia Registration District No. 791
Inc. Town _____ Primary Registration District No. 5916
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lorena Rees Bartell

(a) Residence. No. Visalia, Ky. 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. New 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>Widow</u>			21. DATE OF DEATH (month, day, and year) <u>May 30, 1933</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>John Bartell</u>				22. HEREBY CERTIFY That I attended deceased from <u>May 26, 1933</u> to <u>May 30, 1933</u> . I last saw <u>alive</u> on <u>May 29, 1933</u> . death is said to have occurred on the date stated above, at <u>9:15 A.M.</u> . The principal cause of death and related causes of importance in order of onset were as follows: <u>Lactippe</u> Date of onset <u>May 26, 1933</u>		
6. DATE OF BIRTH (month, day, and year) <u>NOV-14-1853</u>						
7. AGE Years <u>79</u> Months <u>7</u> Days <u>23</u> If LESS than 1 day _____ hrs. or _____ min.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>						
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) <u>Cold Springs, Ky.</u>						
13. NAME <u>W.H. Rees</u>					Name of operation <u>none</u> Date of _____	
14. BIRTHPLACE (city or town) (State or country) <u>Md.</u>					What test confirmed diagnosis? _____ Was there an autopsy? _____	
15. MAIDEN NAME <u>Ann Culbertson</u>					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)	
16. BIRTHPLACE (city or town) (State or country) <u>Cov. Ky.</u>					Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT <u>Mrs. C. N. Lamb</u> (Address) <u>Visalia, Ky.</u>					Manner of injury _____	
18. BURIAL, CREMATION, OR REMOVAL <u>Cold Springs, Ky.</u> Date <u>June 1, 1933.</u>					Nature of injury _____	
19. UNDERTAKER <u>T. M. Swindler</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>May 31, 1933</u> <u>J. K. Williams</u>					(Signed) <u>Chas. M. Petty</u> M. D. (Address) <u>Independence, Ky.</u>	