

Williams, Elizabeth (Betsy) Fuller 1855 - 1838

Form V. B. 1-A		COMMONWEALTH OF KENTUCKY		Department of Health		BUREAU OF VITAL STATISTICS		File no. 27889	
1. PLACE OF DEATH		County <u>Shelby</u>		Registration District No. <u>800</u>		Registered No. _____			
Vol. Pct. _____		Inc. Town _____		Primary Registration District No. <u>2295</u>					
City <u>Shelbyman 14</u>		(No. _____ St. _____ Ward _____)		(If death occurred in a hospital or institution, give its NAME instead of street and number)					
2. FULL NAME <u>Elizabeth Williams</u>		IF VETERAN, WHAT WAR? _____							
(a) Residence, No. <u>Shelbyman 14</u>		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>Married</u>		21. DATE OF DEATH <u>11-9-</u>		19 <u>38</u>	
51. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		6. DATE OF BIRTH		7. AGE		22. I HEREBY CERTIFY, That I attended deceased from <u>11-9-1938</u> to <u>11-9-1938</u>		I last saw her alive on <u>11-9-1938</u> death is said to have occurred on the date stated above, at <u>4:00</u> m.	
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. _____		10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____		The principal cause of death and related causes of importance in order of onset were as follows:	
12. BIRTHPLACE <u>Perry Co 14</u>		13. NAME <u>Dr. Fuller</u>		14. BIRTHPLACE <u>Perry Co 14</u>		15. MAIDEN NAME <u>Jessie Costello</u>		16. BIRTHPLACE <u>Perry Co 14</u>	
17. INFORMANT <u>Jessie Williams</u>		(Address) <u>Shelbyman 14</u>		18. BURIAL, CREMATION, OR REMOVAL		Place <u>Shelbyman</u> Date <u>11-10-1938</u>		19. UNDERTAKER <u>Williams</u>	
(Address) <u>Shelbyman 14</u>		20. FILED <u>12/3-</u>		19 <u>38</u>		Registrar. <u>Phoebe C. Kelly</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 <u>38</u>	
								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? _____ If so, specify _____	
								(Signed) <u>M. J. Kelly</u> M. D.	
								(Address) <u>Shelbyman 14</u>	