

Barkley, Virginia Lee 1935 - 1935

Form V. E. 1-A
COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25969
 File No. 140
 Registered No. ✓

1. PLACE OF DEATH
 County Scott County
 City Georgetown Registration District No. 1-3-30
 Inc. Town Finnell, Scott Co Primary Registration District No. 2-5-15
 City Georgetown, Ky. (No. _____ St. _____ Ward _____)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Miss, Virginia Lee Barkley
 (a) Residence Georgetown, Ky. Rt #2 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>Single</u>		21. DATE OF DEATH <u>Oct 19</u> , 19 <u>35</u>		
6. DATE OF BIRTH <u>Oct - 19th - 1935</u>			7. AGE Years _____ Months _____ Days _____ If LESS than 1 day - 2 hrs. or _____ min.		22. I HEREBY CERTIFY, That I attended deceased from <u>10-18-35</u> to <u>10-19</u> , 19 <u>35</u> I last saw h. alive on <u>10-19</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at _____ a. m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Intra Cranial Injury 11:05</u>	
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)	
12. BIRTHPLACE <u>Scott County</u>			13. NAME <u>Mr. Ward Barkley</u>		14. BIRTHPLACE <u>Scott County</u>	
15. MAIDEN NAME <u>Miss. Mable Mullen</u>			16. BIRTHPLACE <u>Farrison County</u>		17. INFORMANT <u>Ward Barkley</u> (Address) <u>Georgetown, Ky. Rt # 2</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Finnell, Scott Co, Oct - 19-35</u> <u>Johnson & Son</u> (Address) <u>214 East Main, Georgetown, Ky.</u>			19. UNDERTAKER (Address) _____		20. FILED <u>10-22-35</u> <u>Robert Anderson</u> Registrar.	
23. If death was due to external causes (violence) fill in also the 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.			24. Was disease or injury in any way related to occupation of deceased? _____		(Signed) <u>L. L. Hull</u> , M. D. (Address) <u>Georgetown</u>	

Should be carefully inspected to insure accuracy. Exact statement of OCCUPATION is very important. See instructions on back of certificate.