

Burgess, Lucille 1938 - 1938

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

County SCOTT File No. 28532  
 Vet. Pct. Georgetown Registration District No. 1330 Registered No. 129  
 Inc. Town GEORGETOWN Primary Registration District No. 2115  
 City KENTUCKY (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Lucille Burgess IF VETERAN, WHAT WAR? \_\_\_\_\_  
 (a) Residence, No. 803 Jackson 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>Nov 8</u> , 19 <u>38</u>	
6. DATE OF BIRTH <u>March 4, 1938</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>11-2</u> , 19 <u>38</u> to <u>11-8</u> , 19 <u>38</u> I last saw <u>her</u> alive on <u>11-2</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>8:30 A</u> m. The principal cause of death and related causes of importance in order of onset were as follows: <u>sheeping Cough</u> <u>9</u>	
7. AGE Years <u>8</u> Months <u>4</u> Days <u>4</u> If LESS than 1 day.....hrs. or.....min.				Date of onset	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>fireman</u>				Contributory causes of importance not related to principal cause:	
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					
12. BIRTHPLACE <u>Scott Co.</u>					
13. NAME <u>Phonias Wm Burgess</u>					
14. BIRTHPLACE <u>Scott Co.</u>					
15. MAIDEN NAME <u>Bessy Mallin</u>					
16. BIRTHPLACE <u>Harrison Co.</u>					
17. INFORMANT <u>George William Burgess</u> (Address) <u>803 Jackson</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Georgetown</u> Date <u>Nov-8</u> , 19 <u>38</u>					
19. UNDERTAKER <u>Johnson &amp; Son</u> (Address) <u>Georgetown Ky</u>					
20. FILED <u>11-11</u> , 19 <u>38</u> <u>E. Beulah Reel</u> Registrar.					
				Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
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? _____ If so, specify _____ (Signed) <u>W. S. Alphin, M. D.</u> (Address) <u>Georgetown</u>					

M. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be correctly stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.