

Kearns, Bettie Jean 1931 - 1933

Form V. S. 1-A-50m-1-12-31

8316

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

1. PLACE OF DEATH
County Bourbon

File No. 24
Registered No. 16

Vol. 2 Registration District No. 90
Inc. Town _____ Primary Registration District No. 2040
City Paris (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Bettie Jean Kearns
(a) Residence No. Jamney branch 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>Apr 19</u> , 19 <u>33</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 19</u> , 19 <u>33</u> , to <u>Apr 19</u> , 19 <u>33</u> I last saw her alive on <u>Apr 19</u> , 19 <u>33</u> when is said to have occurred on the date stated above, at <u>10</u> m. The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE Yrs. <u>2</u> Mos. <u>-</u> Days <u>13</u> If LESS than 1 day _____ hrs. or _____ min.					<u>Stroke forming</u> <u>result of eating</u> <u>Husband's Cane</u> <u>table</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>					Date of onset _____	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____					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 _____					Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
12. BIRTHPLACE <u>Kentucky</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) Specify whether injury occurred in industry, in home, or in public place.	
13. NAME <u>Ernest Kearns</u>					Manner of injury _____ Nature of injury _____	
14. BIRTHPLACE <u>Kentucky</u>					24. Was disease or injury in any way related to occupation of deceased _____ If so, specify _____	
15. MAIDEN NAME <u>Margaret Carr</u>					(Signature) <u>John W. Mackey</u> , M. D. (Address) <u>Paris Ky</u>	
16. BIRTHPLACE <u>Kentucky</u>						
17. INFORMANT <u>Mrs Joe Ashcraft</u> (Address) <u>Horton Ave Paris Ky</u>						
18. BURIAL OR REMOVAL Place <u>Paris Ky</u> Date <u>Apr 20</u> , 19 <u>33</u>						
19. UNDERTAKER <u>Smith-Russ Co.</u> (Address) <u>Cynthiana Ky</u>						
20. FILED <u>May 1</u> , 19 <u>33</u> <u>Franklin J. Moreland</u> (Address) _____						

Should be carefully supplied. It should be given EXACTLY. PHYSICIANS: If state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.