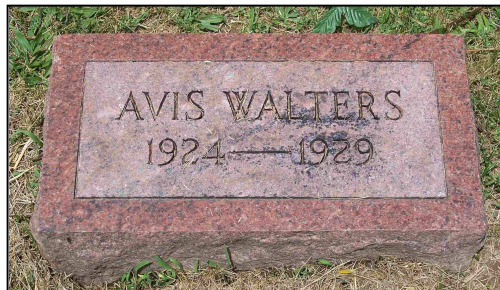


*Walters, Avis Virginia 1924 - 1929*

Cynthiana Democrat – May 23, 1929

WALTERS—Avis Virginia Walters, 5 years old, daughter of Michael and Bessie Walters, died Monday at their home near Connersville. Besides the parents three sisters and eight brothers survive. The funeral was held at 2:30 o'clock yesterday afternoon at the grave in Jacksonville cemetery with services by the Rev. B. N. Long.



Walters, Avis Virginia 1924 - 1929

Form V. S. 1-56m-5-23-27

**1 PLACE OF DEATH**  
 County Harrison  
 City Commerceville  
 Registration District No. 673  
 Primary Registration District No. 6091  
 File No. 14499  
 Registered No. 4 1929

**2 FULL NAME** Avis Virginia Walters  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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**  
 1 SEX Female 4 COLOR OR RACE white 5 Single Single  
 Married Single  
 Widowed Single  
 or Divorced Single  
 (Write the word)  
 6a If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_  
 6 DATE OF BIRTH Feb 12 1924  
 (Month) (Day) (Year)  
 7 AGE 5 yrs. 3 mos. 8 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

**MEDICAL CERTIFICATE OF DEATH**  
 16 DATE OF DEATH May 20 1929  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from May 18, 1929, to May 20, 1929, that I last saw him alive on May 20, 1929, and that death occurred on the date stated above at 1500.  
 The CAUSE OF DEATH\* was as follows:  
Acute inflammation  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory (Secondary) Acute  
infection  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18 WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis?  
 (Signed) M. D. Sanford M. D.  
May 21, 1929 (Address) Sadleville Ky 2  
 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

**19 PLACE OF BURIAL OR REMOVAL** Jacksonville Cemetery May 22, 1929  
**20 UNDERTAKER** Smith Bros Co Paducah Ky  
 ADDRESS \_\_\_\_\_

**PARENTS**  
 10 NAME OF FATHER Mike Walters  
 11 BIRTHPLACE OF FATHER (city or town) Kentucky  
 (State or country)  
 12 MAIDEN NAME OF MOTHER Bessie Randall  
 13 BIRTHPLACE OF MOTHER (city or town) Kentucky  
 (State or country)  
 14 (Informant) Mike Walters  
 (Address) Sadleville Ky 2  
 15 Filed Nov 21, 1929 L. D. Wood Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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.