

1261
324
L. C. Butler
Francis Bldg

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

11811

File No. _____
Registered No. 1947

1. PLACE OF DEATH
County Jefferson
City Louisville

Registration District No. 733
Primary Registration District No. 2215

2. FULL NAME Sallie Hitt
(a) Residence No. 1327 Olive 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				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widow</u>		
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Ralph Hitt</u>				
8. DATE OF BIRTH <u>Mar. 21-1861</u>				
7. AGE	Years <u>73</u>	Months <u>1</u>	Days <u>22</u>	If LESS than 1 day hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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			
MOTHER FATHER	12. BIRTHPLACE <u>Oldham County Ky.</u>			
	13. NAME <u>Marshall Neal</u>			
	14. BIRTHPLACE <u>Ky.</u>			
	15. MAIDEN NAME <u>Amelia Long</u>			
16. BIRTHPLACE <u>Ky.</u>				
17. INFORMANT <u>Miss Bessie Stotsel</u> (Address) <u>1327 Olive St.</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>La Grange Ky.</u> Date <u>May 15 34</u>				
19. UNDERTAKER <u>Lee C. Cralle Co</u> (Address) <u>1330 S. 3rd St.</u>				
20. FILED <u>MAY 15 1934</u> <u>W. T. Ferguson</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH <u>May 13</u> , 19 <u>34</u>	
22. I HEREBY CERTIFY that I attended deceased from <u>Apr 1</u> , 19 <u>34</u> to <u>May 11</u> , 19 <u>34</u> I last saw her alive on <u>March</u> , 19 <u>34</u> death is said to have occurred on the date stated above, at <u>6:30 a.m.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>myocarditis</u>	
Contributory causes of importance not related to principal cause: <u>senility</u> <u>arteriosclerosis</u>	
Name of operation <u>none</u> 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? <u>no</u> 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? <u>no</u> If so, specify _____ (Signed) <u>L. C. Butler</u> , M. D. (Address) <u>362 Francis Bldg</u>	

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.