29749

Estes

Form V. S. 1-B—50m—11-1-29

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

File No. 99

Registered No.

1 PLACE OF DEATH

County Fayette

Reg. Dist. No. 5

Vot. Pct.

Inc. Town

Primary Registration District No. 2765

City Lexington (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bartlett W. Blue

(a) Residence. No. 236 Rodes Avenue 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: F
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Mary Rozell Blue

6. DATE OF BIRTH (month, day, and year): Feb-15-1872

7. AGE: Years 58 | Months | Days | If LESS than 1 day ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: master mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: railroad

10. Date deceased last worked at this occupation (month and year): Dec-8-1930

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Iowa

MOTHER FATHER

13. NAME: Abner Blue

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Olive Miller

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Mrs. B. W. Blue 236 Rodes Ave- Lexington, Ky

18. BURIAL, CREMATION, OR REMOVAL
Place: Lexington, Ky. Date: Dec. 10th, 1930

19. UNDERTAKER (Address): W. R. Milward Lexington, Ky

20. FILED 12/11, 1930 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): Dec 8, 1930

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930 to Dec 8, 1930

I last saw him alive on Dec 5, 1930, death is said to have occurred on the date stated above, at 12:30 pm.

The principal cause of death and related causes of importance in order of onset were as follows:

Acute indigestion — Date of onset

Contributory causes of importance not related to principal cause: Mal. assimilation

Name of operation: none Date of: —

What test confirmed diagnosis? — Was there an autopsy? No

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? No If so, specify —

(Signed) Frances Estes, M. D.
(Address) Lexington, Ky

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS shall 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.