

STATE OF KENTUCKY
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

COPY

County

Civil Dis.

or
Villageor
City

Registration District No.

Primary Registration District No.

(No. Baptist Hospital St.; Ward)

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

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.

File No. 3848Reg. No. 38162. FULL NAME. ALEXANDER B. SANDERS(a) Residence: No. 1575 E. Astmoreland St., Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word) M6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Moyes Saunders

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 65 Months Days If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Gov. engineer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked in
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) Va.13. NAME Ous Sanders14. BIRTHPLACE (city or town)
(State or country) Va.15. MAIDEN NAME Roberta Grayson16. BIRTHPLACE (city or town)
(State or country) Va.17. INFORMANT Mary Moyes Sanders
(Address) 1575 Eastmoreland18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe, Va. Date 8-30, 19 3019. UNDERTAKER Spencer Sturla Co.
(Address)20. FILED 8-30, 19 30 M. H. Piatale
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug. 30, 19 3022. I HEREBY CERTIFY, That I attended deceased from 6-18
19 30, to 8-29, 19 30I last saw h. alive on 8-29, 19 30 death is saidto have occurred on the date stated above, at 10 A. m.

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

Empyema of gall bladder.

Date of onset

Contributory causes of importance not related to principal cause:

chr. cholelithiasis

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) W. H. Piatale M. D.

(Address)

OCCUPATION

MOTHER FATHER