

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.

Form V. B. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Walter 15643

State 37th No.

Registrar's No. 153

Registration District No. 1082

Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Middlebury Ky  
(b) City or town Cleaton Ky  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or community \_\_\_\_\_  
(year, month or day)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhlen  
(c) City or town Cleaton Ky  
(If outside city or town limits, write RURAL)  
(d) Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Louis Garland Jones

## 3(b) If veteran, \_\_\_\_\_

## 3(c) Social Security \_\_\_\_\_

4. Male5. White6(a) Single, widowed, married, divorced Wid

## 6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if under \_\_\_\_\_ Years

7. Birth date of deceased May 15 - 1872  
(Month) (Day) (Year)8. AGE: 73 Years 2 Months 9 Days  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Warren Co. Ky.10. Usual occupation Owner

## 11. Industry or business \_\_\_\_\_

## FATHER

12. Name Geo Jones Ky

13. Birthplace \_\_\_\_\_

## MOTHER

14. Maiden name Sarah Fry Ky

15. Birthplace \_\_\_\_\_

16(a) Informant's own signature Frank Jones(b) Address Cleaton Ky

## 17. BURIAL, CREMATION, OR REMOVAL

Place Walter Date July 24, 194518(a) Signature of informant Frank Jones(b) Address Central City Ky19(a) 7/28/1945 (Date received by local registrar) Walter (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 194521. I hereby certify that I attended the decedent from July 18, 1945 to July 22, 1945, that I last saw him alive on July 22, 1945, and that death occurred on the date stated above at 8:30 P.M.Immediate cause of death Diabetes & Dysentery

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations 61-27c

## Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place?  
(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. P. Walter M. D. (M. D. or other)Address Central City Ky. Date signed July 23 - 45