

13213

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 41

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. Powderly

Ino. Town _____

City _____

Registration District No. 1093

Primary Registration District No. 6829

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Hash Parks

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kittie Parks

6. DATE OF BIRTH May 18, 1875

7. AGE Years 90 Months 0 Days 9 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coal Mines

10. Date deceased last worked at this occupation (month and year) April 1930 11. Total time (years) in this occupation 35 yrs.

12. BIRTHPLACE Todd County

13. NAME Unknown

14. BIRTHPLACE Unknown

15. MAIDEN NAME Courtney Parks

16. BIRTHPLACE Unknown

17. INFORMANT H Parks
(Address) Greenville, Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Powderly Date 5/29 1930

19. UNDERTAKER Greenville Funeral Home
(Address) Greenville, Ky.

20. FILED 5-28 1930 R. P. Cuntz
Registrar (Address) Greenville Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27, 1930

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____ death is said to have occurred on the date stated above, at 8:30 am. The principal cause of death and related causes of importance in order of onset were as follows:

Myocardial changes

Contributory causes of importance not related to principal cause:
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) J. Woodburn, M. D.
(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—This is a permanent record. Every item of information should be carefully supplied and stated EXACTLY. PHYSICIAN 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.