

24719

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No. _____

Registrar's No. 315

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Greenfield 159.
(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:
Muhlenberg Community Hospital
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community 41 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg

(c) City or town Beech Creek 159.
(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.? _____ year

3(a) FULL NAME Davis Mahlon Smith

3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Aug. 14 1926
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 12 If less than one day hr. _____ min.

9. Birthplace Muhlenberg Co.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name John K Smith

13. Birthplace Muhlenberg Co.

MOTHER { 14. Maiden name Mrs. Agnes

15. Birthplace Muhlenberg Co.

16(a) Informant's own signature John K Smith

(b) Address Beech Creek 159

17. BURIAL, CREMATION, OR REMOVAL

Place Jackson Run Date 10-27, 1946

18(a) Signature of funeral director Parker Washburn

(b) Address Beech Creek 159

19(a) 11-5-46 (Date received by local registrar) (b) Margorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1946

21. I hereby certify that I attended the deceased from 10/22, 1946

to 10/26, 1946 that I last saw him alive or _____ and that death occurred on the date

stated above at _____

Immediate cause of death that Nutritacin

I believe DURATION

Due to Breeds

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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? _____ (a) Means of injury _____

23. Signature J.P. Walter (M. D. or other)

Address Central City Ky Date signed 11/2/46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH READING 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.