MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH FADING 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. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. 31184
Registrar's No. 426

Registration District No. 1085 Primary Registration District No. 7510

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Central City R. 4 (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 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Muhlenberg
(c) City or town (If outside city or town limits, write RURAL)
(d) Street No. Rural (Poundcity) (If rural give precinct)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Charles E Snodgrass
3(b) If veteran, Name war
3(c) Social Security No.
4. Sex M
5. Color or race W
6(a) Single, widowed, married, divorced Married
5(b) Name of husband or wife Gladys
5(c) Age of husband or wife if alive 35 Years
7. Birth date of deceased Jan. 20. - 1896 (Month) (Day) (Year)
8. AGE: Years 43 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Muhlenberg Co Ky.
10. Usual occupation Auto Mechanic
11. Industry or business
FATHER 12. Name Jesse Snodgrass
13. Birthplace Ky.
MOTHER 14. Maiden name Maggie Lewis
15. Birthplace Ky.
16(a) Informant's own signature A. T. Snodgrass
(b) Address Central City R 4 Ky
17. BURIAL, CREMATION, OR REMOVAL Place Withers Cemetery Date 12-25 1939
18(a) Signature of funeral director Tucker's Funeral Home
(b) Address Central City Ky.
19(a) December 24, 1939 (Date received by local registrar) (b) [illegible] (Registrar's signature)
Bert L Blandford, Deputy

MEDICAL CERTIFICATION
20. DATE OF DEATH 12-23 1939
21. I hereby certify that I attended the deceased from 19 to 19, that I last saw him alive on 19, and that death occurred on the date stated above at 8:30 P.M.

Immediate cause of death	DURATION
Frozen to death	
Due to Epileptic attack	
Cut by himself	

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?
(d) Means of injury
23. Signature Lonnie Bryan Coroner (M.D. or other)
Address Central City Date signed 12-24-39