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the celebration
 1992
 Kentucky

Registrar of Vital Statistics

Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		File No. _____ Registered No. <u>84</u>
1. PLACE OF DEATH				
County <u>Lincoln</u>		Registration District No. <u>900</u>		
Vol. Pct. <u>#1 (outside)</u>		Primary Registration District No. <u>6731</u>		
Inc. Town <u>Stanford</u>		City _____ (No. _____ St. _____ Ward _____)		
(If death occurred in a hospital or institution, give its NAME instead of street and number)				
2. FULL NAME <u>John R. Smith</u>				
(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		How long in U. S., if of foreign birth?		
yrs. mos. ds.		yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>		
5a. If married, widowed, or divorced HUSBAND of (or) <u>Anna L. Smith</u>				
6. DATE OF BIRTH <u>July 21, 1873</u>				
7. AGE (Years) <u>65</u>		Months <u>4</u>	Days _____	If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>Life</u>		
12. BIRTHPLACE <u>Boyle Co., Ky.</u>				
FATHER				
13. NAME <u>Carl Smith</u>				
14. BIRTHPLACE <u>Tennessee</u>				
MOTHER				
15. MAIDEN NAME <u>Sarah Gates</u>				
16. BIRTHPLACE <u>Boyle Co.</u>				
17. INFORMANT <u>J. M. R. Smith</u> (Address) <u>Stanford, Ky. R. R. 2</u>				
18. BURIAL, CREMATION, OR REMOVAL Place <u>Junction City</u> Date <u>11-27</u> , 19 <u>38</u>				
19. UNDERTAKER <u>A. B. C. Undertaking</u> (Address) <u>Junction City, Ky.</u>				
20. FILED <u>Nov. 21</u> , 19 <u>38</u> <u>Arthur Southard</u> Registrar				
MEDICAL CERTIFICATE OF DEATH				
21. DATE OF DEATH <u>Nov. 20</u> , 19 <u>38</u>				
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 5</u> , 19 <u>37</u> to <u>Nov. 20</u> , 19 <u>38</u> . I last saw <u>he</u> alive on <u>Nov. 20, 1938</u> , death is said to have occurred on the date stated above, at <u>7:00</u> a.m. The principal cause of death and related causes of importance in order of onset were as follows:				
<u>Chronic Right Disease</u>				Date of onset
<u>132</u>				
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? <input checked="" type="checkbox"/> 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? <input checked="" type="checkbox"/> If so, specify _____				
(Signed) <u>A. A. Waddle</u> M. D.				
(Address) <u>Hustonsville 13</u>				

MARGIN RESERVED FOR BINDING
 N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and state CAUSE OF DEATH in plain terms, so that it is so properly classified. Exnet statement of OCCU- tions on back of certificate.



THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

I, Robert N. Hurst III, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 22nd day of Sept, 1992 ad.

Robert N. Hurst III