

MARGIN RESERVED FOR BINDING

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. 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. 7539
 Registrar's No. 7478

 Registration District No. 1085 Primary Registration District No. 7478

1. PLACE OF DEATH:

 (a) County Muhlenberg
 (b) City or town Depoy
 (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 30 years
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Kentucky (b) County Muhlenberg
 (c) City or town Depoy
 (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 Edward Bard
 3(b) If veteran, _____ 3(c) Social Security
 Name war _____ No. _____

 4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married, divorced Married
 6(b) Name of husband or wife Mary Bard
 6(c) Age of husband or wife if alive _____ Years
 7. Birth date of deceased: April 15 1899
 (Month) (Day) (Year)
 8. AGE: Years 71 Months 10 Days 29
 If less than one day hr. _____ min.

 9. Birthplace Farmer Muhlenberg
 10. Usual occupation Farmer
 11. Industry or business _____

 FATHER { 12. Name Fayette Bard
 13. Birthplace Muhlenberg County
 MOTHER { 14. Maiden name Phyllis Bard
 15. Birthplace Muhlenberg County

 16(a) Informant's own signature William Bard
 (b) Address Depoy Ky

 17. BURIAL, CREMATION, OR REMOVAL
 Place Old Unity Date 13/15 1942

 18(a) Signature of funeral director Eugene S. [Signature]
 (b) Address Greenville Ky

 19(a) 3-21-42 (Date received by local registrar)
 (b) Jane [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

 20. DATE OF DEATH March 14 1942
 21. I hereby certify that I attended the deceased from 1941
 to March 10 1942 that I last saw h. alive on
March 10 1942 and that death occurred on the date
 stated above at 10.30 A. M.

 Immediate cause of death Cancer of Stomach
 Due to _____

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 E. L. [Signature] (M. D. or other)
 Address Greenville Ky Date signed 2-11-42

DURATION