

21017

COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. 245

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 085 Primary Registration District No. 7471

1. PLACE OF DEATH
(a) County Myerfork
(b) City or town Johnson Creek
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Bull
(c) City or town Johnson Creek
(If outside city or town limits write RURAL)
(d) Street No. _____ (If rural give precinct)

(If not in hospital or institution write street number or location)
(d) Length of stay: _____ (years, months or days)

If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME James Walter Bastin

3(b) If veteran, _____ 3(c) Social Security _____

4. Sex Male 5. Color White 6(a) Single, widowed, married, divorced Married

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 2 1944
21. I hereby certify that I attended the deceased from March 1943 to Sept 2 1944 that I last saw him alive on Aug 30 1944 and that death occurred on the date stated above at 9:30 P.M.

6(b) Name of husband or wife Jessie E. Bastin
6(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 15, 1868
(Month) (Day) (Year)

Immediate cause of death Atherosclerosis (heart)

DURATION
27 years

8. AGE: 75 Years (Month) 11 (Day) (Year) If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 93D
Of operations _____
Of autopsy _____

9. Birthplace Lincoln Co. Ky.

10. Usual occupation Farmer

11. Industry or business Retired Age of 62

FATHER { 12. Name Martin Bastin
13. Birthplace Ky.

MOTHER { 14. Maiden name Sarah Brown
15. Birthplace Ky.

16(a) Informant's name Isabelle Bastin

(b) Address Johnson Creek, Ky.

BURIAL, CREMATION OR REMOVAL
Case Hill Date Sept 4, 1944

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18(a) Signature of funeral director Jacky Super

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

(b) Address Central City, Ky.

19(a) 9-4-1944 (Date received by local registrar) (b) J. W. H. H. H. (Registrar's Signature)

23. Signature J. W. H. H. H. (M. D.)
Address Central City, Ky. Date signed 9-5-44

MARGIN RESERVED FOR BINDING

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.