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Registration District No. 1085 Primary Registration District No. 7483

1. PLACE OF DEATH:
(a) County Murphy
(b) City or town Rural
(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 Murphy
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. Wakesboro Ky.
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Kola J. Bangh

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

4. Sex Male Color or race White (b) Single, widowed, married, divorced married

6(b) Name of husband or wife Burly E. Bangh
6(c) Age of husband or wife if alive 63 Years

7. Birth date of deceased May - 17 - 1878
(Month) (Day) (Year)

8. AGE: Year 65 Months 6 Days 21 — If less than one day _____ min.

9. Birthplace Home wife, brother

10. Usual occupation Home wife

11. Industry or business _____

FATHER { 12. Name James Smith
13. Birthplace do not know

MOTHER { 14. Maiden name Lucinda Brooks
15. Birthplace do not know

16(a) Informant's own signature Olivia Mitchell

(b) Address Wakesboro Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Forest Grove Date 12-9-43

18(a) Signature of funeral director William E. ...

(b) Address Wakesboro Ky

19(a) 1-6-44 (Date received by local registrar) (b) Jane R. Lauer (Registrar's signature)

20. DATE OF DEATH Dec 8 1943
21. I hereby certify that I attended the deceased from Dec 7 1943 to Dec 8 1943 that I last saw him alive on Dec 7 1943 and that death occurred on the date stated above at _____ M.

Immediate cause of death Bronchopneumonia
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations 107
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 L. G. ... (M. D. or other)
Address Greenville Ky Date signed 12/8/1943

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.