

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. B. 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.

Registrar's No.

21025

230

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville
(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 Kentucky (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. Wickliffe St.
(If apart give precinct)
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME John Isaac Beagles

3(b) If veteran, _____

3(c) Social Security _____

Name was _____

N

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced

6(b) Name of husband or wife Jessie Beagles

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased May 24 - 1872
(Month) (Day) (Year)

8. AGE: Years 19 Months 3 Days 17 If less than one day hr. _____ min.

9. Birthplace Indiana

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Unknown

13. Birthplace _____

MOTHER { 14. Maiden name _____

15. Birthplace _____

16(a) Informant's own signature W. R. Beagles

(b) Address Greenville, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Sept. 11, 1944

18(a) Signature of funeral director Greenville Funeral Home

(b) Address Greenville, Ky.

19(a) Sept 11 - 44 (Date received by local registrar) (b) Marjorie Hady (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 19 44

21. I hereby certify that I attended the deceased from _____ 19 _____

to Sept 10 19 44, that I last saw him alive on _____

and that death occurred on the date stated above at 12:45 P.M.

Immediate cause of death Heart trouble DURATION Sudden

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 156

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 E. R. G. L. G. (M. D. or other)

Address Greenville Date signed 9-11-44