

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.

24728

Registrar's No.

317

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH  
(a) County Muhlenberg Co.  
(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 Kentucky (b) County Muhlenberg  
(c) City or town Central City  
(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 Herman Black

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

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

6(b) Name of husband or wife Viola

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

7. Birth date of deceased  
Apr. (Month) 12 (Day) 1981 (Year)

8. AGE: Years 65 Months 6 Days 19 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Butler Co.

10. Usual occupation Coalminer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Dad Black

13. Birthplace ?

MOTHER { 14. Maiden name ?

15. Birthplace ?

16(a) Informant's own signature Viola Black

(b) Address Central City

17. BURIAL, CREMATION, OR REMOVAL  
Place Powderly Date 11/3/8 1946

18(a) Signature of funeral director George J. Elliott

(b) Address Greenville, Ky.

19(a) 11-5-46 (Date received by local registrar) (b) Mrs. Margie Hoke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1946

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19 \_\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ M.

Immediate cause of death crushed chest DURATION \_\_\_\_\_

Due to falling yoke in Coal mine

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) accident

(b) Date of occurrence Oct 31, 1946

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? I.C.A. - 1st mine (Specify type of place)

While at work? yes (a) Means of injury \_\_\_\_\_

23. Signature Howard F. Harkins (Physician or other)

Address Greenville, Ky. Date signed 11-2-46