

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(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 Muhlenberg
(c) City or town _____
(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 Charles J. Boggs

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

4. Sex M5. Color of race W

6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife Martha Boggs

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

7. Birth date of deceased Nov 1 1917

(Month)

(Day)

(Year)

8. AGE: Years 77 Months 10 Days 14If less than one day
hr. _____ min. _____9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Martin Boggs13. Birthplace KyMOTHER { 14. Maiden name Martha Boggs15. Birthplace Ky16(a) Informant's own signature S. W. Boggs

(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Sept 17, 194418(a) Signature of funeral director Greenville Funeral Home(b) Address Greenville, Ky19(a) 9-16-44
(Date received by local registrar)(b) Marjorie Hodge
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15, 194421. I hereby certify that I attended the deceased from Sept 9 1944
to Sept 12 1944; that I last saw him alive on
Sept 10 1944 and that death occurred on the date
stated above at 4:50 P.

Immediate cause of death _____

DURATION

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 108

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. J. State

(M. D. or other)

Address Greenville Ky Date signed 9-16-44

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.