

13323

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. \_\_\_\_\_  
Registrar's No. 163Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the CensusRegistration District No. 1085 Primary Registration District No. 2436

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Greenville Ky  
(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 Rural  
(If outside city or town limits, write RURAL)  
(d) Street No. Martwick  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years3(a) FULL NAME N. W. Proctor3(b) If veteran, \_\_\_\_\_ 3(c) Social Security ✓  
Name was \_\_\_\_\_ No. \_\_\_\_\_4. Sex M 5. Color or race \_\_\_\_\_ 6(a) Single, widowed, married ✓  
divorced M6(b) Name of husband or wife Grace Proctor

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

7. Birth date of deceased \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

8. AGE: Years 57 Months \_\_\_\_\_ Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ohio Co10. Usual occupation 1411 Conker 3

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

FATHER 12. Name N. W. Proctor13. Birthplace KentuckyMOTHER 14. Maiden name Sally Schley15. Birthplace Kentucky16(a) Informant's own signature Mrs. R. W. Humphrey(b) Address Martwick 12717. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date \_\_\_\_\_ 194018(a) Signature of funeral director Parler & Gary(b) Address Greenville Ky19(a) May 21, 1940 (Date received by local registrar) (b) James Datta (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH \_\_\_\_\_ 194021. I hereby certify that I attended the deceased from 5/27 1940  
to 5/27 1940, that I last saw him alive on 5/27 1940, and that death occurred on the date stated above at \_\_\_\_\_ M.

Immediate cause of death \_\_\_\_\_

Crushed liver causing fatal hemorrhageDue to 1866Other 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 5/27/40 9529(c) Where did injury occur? In or about home, on farm, in industrial place  
in public place? Industrial place - W.C. Malmatia  
(Specify type of place)While at work? yes (e) Means of injury white paper saw23. Signature Candice Wilson M.D. (M. D. or other)Address Greenville Ky Date signed 5/27/40

DURATION

MARGIN RESERVED FOR BINDING

Every item of information 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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. PHASES should be stated EXACTLY. AGE should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.