

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH:

- (a) County Muhlenberg
 (b) City or town Central City, Ky. RHA
 (c) Name of hospital or institution:
 (If outside city or town limits, write RURAL)

(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 Dodd
 (c) City or town Central City, Rural
 (If outside city or town limits, write RURAL)

(d) Street No. E 40
 (If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME J. N. Cobb

3(b) If veteran, _____

3(c) Social Security _____

Name-war _____

No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____

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

7. Birth date of deceased 1883 - Oct 29
 (Month) (Day) (Year)8. AGE: 62 Years 11 Months 24 Days If less than one day hr. min.9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name Riley Cobb13. Birthplace Ky

MOTHER

14. Name Lucinda Wilcox15. Birthplace Ky16(a) Informant's own signature Errett Smith(b) Address Central City, Ky. RHA

17. BURIAL, CREMATION, OR REMOVAL

18(a) Signature of funeral director Walter Funeral Home(b) Address Central City, Ky.19. November 6, 1946 Errett Smith
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23, 1946

21. I hereby certify that I attended the deceased from Oct. 21, 1946 to Oct. 23, 1946 that I last saw him alive on Oct. 21, 1946 and that death occurred on the date stated above at 10:15 A. M.

Immediate cause of death Chronic nephritis DURATION _____

? arteriosclerosis

Due to _____

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

Major findings:

Of operations 10/17

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? _____ (e) Means of injury _____

23. Signature J. P. Walter M.D.

Address Central City, Ky. Date signed Nov. 5-46

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.