Form V. S. 1-A

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State	File	No.	3621
Berle	teas's	Ma.	73

CERTIFICATE OF DEATH

alive on 2-10-49, 19, and that death occurred at 3 m., from the causes and on the date stated above. 23a. DATE SIGNED 23b. ADDRESS 23c. SIGNATURE (Degree or title) 2-1/-49 December 24c. MAME OF CEMETERY OF CREAMATORY 24d. MCATION (City. town, or county) (State)	Registration District No. 1085	Primary Registration District No. 2436					
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DECEASED (Type or Print) MARKED, MARKED, NEVER MARKED, S. SEX SEX SCOLOPIOR RACE7, MARKED, NEVER MARKED, S. DATE OF BIRTH 19. AGEITA YEAR Manual 10a. USUAL OCCUPATION (GIVE bind at week 10b., KIND OF BUSINESS OR IN. 10b. BIRTHPLAGE (Bissager foreign country) 10c. C. 170 10a. USUAL OCCUPATION (GIVE bind at week 10b., KIND OF BUSINESS OR IN. 10b. BIRTHPLAGE (Bissager foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLAGE (Bissager foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. BIRTHPLAGE (Bissager foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NO. 1	MOSPITAL OR 4884400) // // // YE						
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done during aget of working its, even it retired to the disease of country? 13-BATHER'S, NAME		last birthday) Months Days Hours					
15 PAS DECEASED EVER IN U. S. AAMED PORCES? 16. SOCIAL SECURITY 17 INFORMANT (17 years a ties was or dates of service) 18. CAUSE OF DEATH Enter only one cause per lime for (a), (b), and (c) ANTECEDENT CAUSES *This does not mean the mose of dying, such as heart failure, or years (the above causes athenia, etc.) I means the disease, infury, or consecution of the mode of dying, such as heart failure, or years (the above causes the disease, infury, or or the underlying of the above causes athenia, etc.) I means the disease, infury, or or the underlying of the doubt have not replication while in the infurior of the doubt have not replication with of high the property of the doubt have not replication with of high the property of the doubt have not replicated to the disease or condition causeing death. 19a. DATE OF OPERA 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (s.g., in or about 21c, (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HOMICIDE 21c. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED AND HILLE AT MOT WHILE	done during most of working life, even if	WHAT COUN					
R. CAUSE OF DEATH I. DISEASE OR CONDITION II. DISEASE OR CONDITION III. DISEASE OR CONDITION	13 EATHER'S NAME Commus		_				
Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH* (a)		17 MFORMANT Julian Combo					
**This does not mean the mode of dying, ing rise to the above cause such as heart failure; (a) stating the underlying authentia, etc. It means the disease, injury, or complication to his characteristic of the death but not related to the disease or condition causing death. 19e. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT (Bpecity) SUICIDE HOMICIDE 10d. TIME (Month) (Day) (Year) (Hour) OF INJURY 21e. INJURY (Sept. in or about leg. 1. How DID INJURY OCCUR? OF INJURY 21e. INJURY COURTED WHILE AT WORK 21e. INJURY OF THE WORK AT WORK 21e. INJURY OCCUR? WORK AT WORK 21e. INJURY OCCUR? WORK AT WORK 22e. DATE SIGNED 23b. ADDRESS 23e. DATE SIGNED 23b. ADDRESS 24b. DATE 24c. MAMEOF CEMETERY OR CREAMATORY 24d. POPERSS 25c. FUNJERAL DIRECTOR ADDRESS 25c. FUNJERAL DIRECTOR ADDRESS	Enter only one cause per I. DISEASE OR CONDITION	ERTIFICATION INTERVAL BETY ONSET AND BE					
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