

COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. 304

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7478

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.

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:

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

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

3(a) FULL NAME John Wayne Dearing DELAY

3(b) if veteran, _____ 3(c) Social Security _____
Name war _____ No. _____

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

5(b) Name of husband or wife _____

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

7. Birth date of deceased Sept 16 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Herbert Dearing

13. Birthplace Ky

MOTHER { 14. Maiden name Ella Eison

15. Birthplace Ky.

16(a) Informant's own signature Herbert Dearing

(b) Address Depay Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Carbone Date 9/18 1940

18(a) Signature of funeral director Greenwell Funeral Home
(b) Address Greenwell, Ky.

19(a) Sept. 18, 1940 (Date received by local registrar) (b) J. J. Gates (Registrar's signature)

20. DATE OF DEATH Sept 17 1940

21. I hereby certify that I attended the deceased from _____ 19____
to Sept 16 1940, that I last saw him alive on _____ 19____

and that death occurred on the date stated above at 3 PM.

Immediate cause of death _____

Due to Weak & fever 4 or 5 days AT birth 154

Other conditions: Mother in weak condition
(Include pregnancy within 3 months of death)

Major findings: Weakness

Of operations _____
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 4/62

23. Signature E. L. Gates (M. D. or other)
Address Greenwell Ky Date signed Sept 20-40

DURATION