

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.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 24724

Registrar's No. 309

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Crescent Ky
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution: Crescent Hospital
(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 Muhl.
(c) City or town Central City Ky
(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 Alva Devine

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced married
6(b) Name of husband or wife Kathryn Devine
6(c) Age of husband or wife if alive 38 Years
7. Birth date of deceased Jan 20 1902
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name Albert Devine
13. Birthplace Ky

MOTHER

14. Maiden name Jola McDonald
15. Birthplace Ky

16(a) Informant's own signature Kathryn Devine

(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Date Oct 16, 1946

18(a) Signature of funeral director Lucas Funeral Home

(b) Address Central City, Ky

19(a) October 24, 1946 (Date received by local registrar)

Thomas B. Bradford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1946

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____, that I last saw him alive on _____ 19 _____, and that death occurred on the date stated above at 11:15 A. M.

Immediate cause of death shot in neck with pistol.

DURATION

Due to _____

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

Major findings: _____

Of operations 11/2

Of autopsy _____

22. If death was due to external causes, fill in the following: .

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct 13, 1946

(c) Where did injury occur? in or about home, on farm, in industrial plant, in public place? In front of M. J. Stand
(Specify type of place)

While at work? no (e) Means of injury _____

23. Signature Harold F. Perkins

Address Crescent Ky Date signed 10/15/46