

31046

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICS

Registrar's No.

## CERTIFICATE OF DEATH

Registration District No.

1086

Primary Registration District No.

72471

## 1. PLACE OF DEATH:

(a) County Mitchell  
 (b) City or town Drakesboro 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 \_\_\_\_\_ (b) County Mitchell  
 (c) City or town Drakesboro, 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

Louis Wayne Dickerson

## 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

S

## 6(b) Name of husband or wife

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

7. Birth date of deceased May 15 1944  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
If less than one day \_\_\_\_\_ min.9. Birthplace Ky Drakesboro

10. Usual occupation \_\_\_\_\_

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

FATHER

12. Name Frank Dickerson

13. Birthplace \_\_\_\_\_

MOTHER

14. Maiden name Kurmelin Mc Harris15. Birthplace Drakesboro Ky16(a) Informant's own signature Frank Dickerson(b) Address Drakesboro Ky

## 17. BURIAL, CREMATION OR REMOVAL

Highway Date 9/24, 194418(a) Signature of funeral director Harold Francis(b) Address Drakesboro Ky19(a) 10-3-44  
(Date received by local registrar)(b) Marjorie Hodge  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 194421. I hereby certify that I attended the deceased from Sept 22 1944  
to Sept 22-1944 19\_\_\_\_, that I last saw him alive on  
Sept 22-1944 19\_\_\_\_, and that death occurred on the date  
stated above at \_\_\_\_\_

## Immediate cause of death

Acute pancytopenic hepatitis

## DURATION

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations  130Of 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 \_\_\_\_\_

23. Signature Gandell Wilson M.D.Address Morehead Ky Date signed 9/23/44

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.