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COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

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

Registration District No. 1085 Primary Registration District No. 7471

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 Central City Ky. RT#4
(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 Ky County Muhlenberg
(c) City or town Central City Ky. RT#4
(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 Eliza Jane Doorn
3(b) If veteran, _____ 3(c) Social Security No. _____
Name of _____ No. _____
4. Sex Female 5. Color of hair White
(a) Single, widowed, married, divorced W.

6. AGE: 83 Months _____ Day _____ If less than one day _____ hr. _____ min.
7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____
8. Birthplace Ky.

9. Usual occupation _____
10. Industry or business _____

11. FATHER { 12. Name John Henson
13. Birthplace Ky.
MOTHER { 14. Maiden name _____
15. Birthplace _____

16(a) Informant's name Fate Lacfield
(b) Address Central City RT#4

17. BURIAL, CREMATION, OR REMOVAL
Place Funeral Home Date 9-4-44

18(a) Signature of funeral director [Signature]
(b) Address Central City, Ky.

19(a) 9-30-1944 (Date received by local registrar)
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-44
21. I hereby certify that I attended the deceased from Sept 1 1944
to Sept 2 1944 that I last saw her alive on Sept 1 - 44
and that death occurred on the date stated above at 11:40 A.M.

Immediate cause of death Stroke

DURATION: 2 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: CSA
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 _____

23. 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 [Signature] (M. D. or other)
Address Central City Ky Date signed 9-6-44