

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's No. 221

Registration District No. 1085

Primary Registration District No. 7471

I. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Central City Ky Rural
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky County Mahl
(c) City or town Rural
(If outside city or town limits write RURAL)

(d) Length of stay: in hospital or community _____
(years, months or days)

(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME

James Henry Doss

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Male Sex White Color or race W. (a) Single, widowed, married, divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1944
21. I hereby certify that I attended the deceased from Sept 20 to Sept 27 1944 that I last saw her alive on Sept 26 1944 and that death occurred on the date stated above at 3:30 P.M.

5(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____

7. Birth date of deceased Feb 27 1862
(Month) (Day) (Year)

Immediate cause of death myocarditis

8. AGE: 79 Year 7 Months 0 If less than one day _____ hr. _____ min.

DURATION not known

9. Birthplace Ky

Due to Brancher Pneumonia

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 93E-107

FATHER { 12. Name George W. Doss

13. Birthplace Ind.

MOTHER { 14. Maiden name Elizabeth Fisher

15. Birthplace Ind.

16(a) Informant Harold Harold

(b) Address Central City Ky R#

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

17. BURIAL, CREMATION, OR REMOVAL

Place Bluff Date 9-29-44

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

18(a) Signature of informant John J. Doss

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____
(Specify type of place)

(b) Address Central City Ky

While at work? _____ (e) Means of injury _____

19(a) 9-30-1944 (Date received by local registrar)

23. Signature J. H. J. J. J. (M. D. or other)

(b) Address Central City

Address Central City Date signed Sept 28 1944

(c) Registrar's signature W. D. Doss

(Date received by local registrar)

(Registrar's signature)

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD