

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

State File No. _____

Registrar's No. 28081Registration District No. 1085 Primary Registration District No. 7471

2. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County <u>Muhlenberg</u>	(a) State <u>Ky</u> (b) County <u>Muhlenberg</u>
(b) City or town <u>Rural</u> (If outside city or town limits, write RURAL)	(c) City or town <u>Rural</u> (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:	(d) Street No. <u>Rosewood</u> (If rural give precinct)
(If not in hospital or institution write street number or location)	(e) If foreign born, how long in U. S. A? _____ years
(d) Length of stay: In hospital or community _____ (years, months or days)	

3(a) FULL NAME J. L. Duvall

3(b) If veteran, _____ 3(c) Social Security No. _____

4. Sex male 5. Color White 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife _____

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

7. Birth date of deceased Nov 17 1872
(Month) (Day) (Year)8. AGE: Years 71 Months _____ Days 27 If less than one day hr. _____ min. _____9. Birthplace Muhlenberg Co., Ky.10. Usual occupation Farming

11. Industry or business _____

FATHER { 12. Name John Duvall13. Birthplace KyMOTHER { 14. Maiden name Mary Carter15. Birthplace Ky16(a) Informant's own signature Harry Duvall(b) Address Greenhill Ky17. BURIAL, CREMATION, OR REMOVAL
Place Rosewood Date Dec 15, 194318(a) Signature of funeral director James Howard Jones(b) Address Greenhill 17919(a) 12-15-43 (Date received by local registrar) (b) Jane B. Louell (Registrar's signature)MEDICAL CERTIFICATION
20. DATE OF DEATH Dec-14 194321. I hereby certify that I attended the deceased from Dec. 10 1943 to Dec. 14 1943, that I last saw him alive on Dec. 13 1943, and that death occurred on the date stated above at 5:30 a. m.Immediate cause of death _____ DURATION _____
Pneumonia

Due to _____

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

Major findings: _____

Of operations 107

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 _____

23. Signature L. G. Cargabrite, M.D. (M. D. or other)
Address Greenhill, Ky. Date signed 12/15/43