

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. 369
Registrar's No. 18634

Registration District No. 935 Primary Registration District No. 2360

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County <u>McCracken</u>	(a) State <u>Kentucky</u> (b) County <u>McCracken</u>
(b) City or town <u>Paducah</u> (If outside city or town limits, write RURAL)	(c) City or town <u>Paducah</u> (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: <u>420 South 9th Street</u> (If not in hospital or institution write street number or location)	(d) Street No. <u>420 S. 9th Street.</u> (If rural give precinct)
(d) Length of stay: <u>50 yrs</u> community (years, months or days)	(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME William Edgar Evitts.

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

Name war _____ No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Mrs Minnie Delph Evitts

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

7. Birth date of deceased May 22 1877
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>13</u>	hr. min.

9. Birthplace Muhlenberg County Kentucky

10. Usual occupation Retired.

11. Industry or business Engineer I.C.R.R.

FATHER { 12. Name Jack Evitts.
13. Birthplace Kentucky

MOTHER { 14. Maiden name Ollie O'Lean
15. Birthplace Kentucky

16(a) Informant's own signature Mrs Minnie D. Evitts.
(b) Address Paducah, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Date 8-8-43 19__

18(a) Signature of funeral director Roth Funeral Chapel
(b) Address Paducah, Ky

19(a) 8-9-43 (Date received by local registrar) (b) Mary Hodson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5, 1943 19__

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 9:30 P M.

Immediate cause of death Asphyxia of the brain

DURATION

Due to _____

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

Major findings:
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 _____

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

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

23. Signature W. C. Bradley (M. D. or other)
Address Paducah, Ky Date signed 8/6/43

Bradley,

8/11/43
3-11-49