

28328

State File No. \_\_\_\_\_  
Registrar's No. 375

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

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

Registration District No. 1085 Primary Registration District No. 7479

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Marion  
(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 (b) County Muhlenberg  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL)  
(d) Street No. West Weir  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Lou Farmer

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased Dec 25 1867  
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Ky

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

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

FATHER 12. Name Will Sweeney

13. Birthplace Ky

MOTHER 14. Maiden name Nancy Duster

15. Birthplace Ky

16(a) Informant's own signature Calvin Sweeney  
(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Greenville Date 11/29 1939 in public place? \_\_\_\_\_  
(Specify type of place)

18(a) Signature of funeral director Greenville  
(b) Address Greenville Ky

19(a) Nov 29 1939 (Date received by local registrar) (b) James Dates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1939  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to Nov. 28 1939, that I last saw him alive on \_\_\_\_\_  
stated above at 7:30 PM

Immediate cause of death Cerebral Hemorrhage DURATION \_\_\_\_\_  
Due to High Blood Pressure  
Other conditions None  
(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, \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (b) Means of Injury 4162  
23. Signature E. H. Tate (M. D. or other) \_\_\_\_\_  
Address Greenville Ky Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH LEADING 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.