24563

State File No.

Registrar's No. 329

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

Registration District No. 1085 Primary Registration District No. 2435

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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Central City (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 Kentucky (b) County Muhlenberg
(c) City or town Central City (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

DELAY

3(a) FULL NAME Gertrude A. Ferguson

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

4. Sex F | 5. Color or race W | 6(a) Single, widowed, married, divorced Single

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

7. Birth date of deceased (Month) Dec (Day) 10 (Year) 1914

8. AGE: Years 20 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Kentucky

10. Usual occupation

11. Industry or business

FATHER
12. Name Edwin Ferguson
13. Birthplace Kentucky

MOTHER
14. Maiden name Jane Johnson
15. Birthplace Kent

16(a) Informant's own signature Mrs Edwin Ferguson
(b) Address Central City Ky.

17. BURIAL, CREMATION, OR REMOVAL
Rose Hill Cem. Date 9-21-, 1940

18(a) Signature of funeral director E. E. Anderson
(b) Address Central City Ky

19(a) Oct. 5 1940 (Date received by local registrar) (b) James Cates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20th 1940

21. I hereby certify that I attended the deceased from March 1940 to Sept 20 1940, that I last saw her alive on Sept 14 1940, and that death occurred on the date stated above at 4.30 P. M.

Immediate cause of death Pulmonary Tuberculosis — DURATION 1 year

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? (e) Means of injury

23. Signature J. H. Harrelson (M. D. or other)
Address Central City Ky Date signed 9-22-40