

CERTIFICATE OF DEATH

7700

1. PLACE OF DEATH

County MuhlenbergVot. Pct. H. C. Hauer

Inc. Town _____

Registration District No. 1093Primary Registration District No. 1631City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME S. H. Ford(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH Jan 23 - 18507. AGE
Years 83 Months 1 Days 19
If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation12. BIRTHPLACE Muhlenberg Co. Ky.13. NAME John Labourn Ford14. BIRTHPLACE N.C.15. MAIDEN NAME Lucy Ann Staples16. BIRTHPLACE Va.17. INFORMANT M. Ford
(Address) Greenville Ky R. 318. BURIAL, CREMATION, OR REMOVAL
Place C. L. Hauer Date March 5, 193319. UNDERTAKER M. B. McDonald & Co.
(Address) Greenville Ky20. FILED 3/14, 1933 C. B. Wickliffe, Registrar,
By M. Wells

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at 9:30 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:Complete Paralysis Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed R. G. Allen)
(Address) Central City KyMARGIN RESERVED FOR BINDING
Every item of information should be carefully supplied. BINDING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
N. B. WRITE PLAINLY, WITH BINDING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.