

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 324

1. PLACE OF DEATH
County Muhlenberg
City Martinsburg, Ky.
Registration District No. 1085
Primary Registration District No. 7425

2. FULL NAME Gerald D. Fulton
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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.

DELAY

PERSONAL AND STATISTICAL PARTICULARS
3. SEX M
4. COLOR OR RACE W
5. Single, Married, Widowed or Divorced (write the word) W
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH March 28 - 1937
7. AGE Years 3 Months 5 Days 28
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 occupation _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 9-26, 1940
I HEREBY CERTIFY, That I attended deceased from Sept 26 1940 to Sept 26, 1940
I last saw him alive on Sept 26, 1940 that is said to have occurred on the date stated above, at 9:30 AM
The principal cause of death and related causes of importance in order of onset were as follows:
Branch Pneumonia
Date of onset 9-25-40
Contributory causes of importance not related to principal cause:
None known

12. BIRTHPLACE _____
13. NAME Robert Fulton
14. BIRTHPLACE _____
15. MAIDEN NAME Ethel Smith
16. BIRTHPLACE _____
17. INFORMANT Robert Fulton
(Address) Martinsburg, Ky.
18. BURIAL, CREMATION, OR REMOVAL
Place Nelson Creek, Ky. 9-27, 1940
19. UNDERTAKER Tucker Funeral Home
(Address) Central City
20. FILED 9/27, 1940
W. A. Standon Registrar

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 _____ 19____
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? no If so, specify _____
(Signed) J. H. Harwood, M. D.
(Address) Central City Ky

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. See instructions on back of certificate.