

24714

State File No. _____
Registrar's No. 329

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Madison
(b) City or town Greenville Ky
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Public Community
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 10
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Jefferson
(c) City or town 3000 Adelphi
(If outside city or town limits, write RURAL)
(d) Street No. Louisville Ky
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Robert Lee Garrett

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

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

6(b) Name of husband or wife Leda Garrett

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

7. Birth date of deceased Sept 19 1914
(Month) (Day) (Year) 1914

8. AGE: 31 Months 8 Days _____ If less than one day hr. _____ min.

9. Birthplace Ky

10. Usual occupation Factory Worker

11. Industry or business _____

FATHER 12. Name Charles Garrett

13. Birthplace Ky

MOTHER 14. Maiden name Lula Bradford

15. Birthplace Ky

16(a) Informant's own signature Henry Garrett

(b) Address Louisville, Ky

17. BURIAL, CREMATION, OR REMOVAL Evergreen Date 11/29/46

18(a) Signature of health officer Greenwell Funnell

(b) Address Greenville Ky

19(a) 12-3-46 (Date received by local registrar) (b) Maxine Self (Registrar's signature)

20. DATE OF DEATH Nov 27 19 46

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 P.M.

Immediate cause of death Asphyxia

Due to Acute myocardial infarction & multiple kidney stones

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

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external cause, 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? _____ (a) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address Louisville, Ky Date signed 12-2-46

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.

8165
12-6-46
1391
6-18-46
2431
4-1-47