

22375

Form V. S. 1-A

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 116-  
Registrar's No. 649

Registration District No. 350 Primary Registration District No. 4751

1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kentucky</b> b. COUNTY <b>Muhlenberg</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hopkinsville Rural</b>		c. LENGTH OF STAY (in this place) <b>16 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Greenville</b>		089	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <b>Western State Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>235 Hopkinsville St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Edward</b>		c. (Last) <b>George</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 21 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Black</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>August 20, 1877</b>	9. AGE (In years last birthday) <b>72</b>	If Under 1 Year Months	If Under 24 Hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Funeral Director</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>&amp; Plasterer.</b>		11. BIRTHPLACE (State or foreign country) <b>Caldwell County, Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Z. George</b>				14. MOTHER'S MAIDEN NAME <b>Surelda Perkins</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Records, Western State Hospital Hopkinsville, Kentucky</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Over 2 months</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X-97</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>November 5, 1949</b> , to <b>November 21, 1949</b> , that I last saw the deceased alive on <b>November 21, 1949</b> , and that death occurred at <b>5:25 P.m.</b> , from the causes and on the date stated above.							
23a. DATE SIGNED <b>11/21/49</b>		23b. ADDRESS <b>Western State Hospital Hopkinsville, Ky.</b>		23c. SIGNATURE (Degree or title) <b>E. A. Bacon M.D.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/23/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>West End</b>		24d. LOCATION (City, town, or county) (State) <b>Barrenville Ky</b>	
25a. DATE REC'D BY <b>11-23-49</b>		25b. REGISTRAR'S SIGNATURE <b>James D. Myers</b>		26. FUNERAL DIRECTOR ADDRESS <b>Augustus S. Elliott Barrenville Ky</b>			

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