

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

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

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:
 (a) County **Madison**
 (b) City or town **Rural, Cherry Hill**
 (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 **Ky** (b) County **Madison**
 (c) City or town **Cherry Hill**
 (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

3(a) FULL NAME **Chen Fish**

3(b) If veteran, _____ 3(c) Social Security No. _____
 Name war _____ No. _____
 Sex **Male** 5. Color **White** 6(a) Single, widowed, married, divorced **Married**

6(b) Name of husband or wife **Hazel Bruce**

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

7. Birth date of deceased **Sept 3 1899**
 (Month) (Day) (Year)

8. AGE: **45** Years **0** Months **07** Days If less than one day _____ hr. _____ min.

9. Birthplace **Ky.**

10. Usual occupation **Miner**

11. Industry or business _____

FATHER 12. Name **Armed Fish**

13. Birthplace **Ky.**

MOTHER 14. Maiden name **Annie Miller**

15. Birthplace **Ky.**

16(a) Informant's own signature **Albert Bruce**

(b) Address **Bremen Ky.**

17. BURIAL, CREMATION, OR REMOVAL **Cherry Hill Chapel** Date **Sept 11, 1944**

18(a) Signature of funeral director **Howard J. Harbin**

(b) Address **Central City, Ky.**

19(a) **9-12-1944** (Date received by local registrar) **Howard J. Harbin** (Registrar's signature)

MEDICAL CERTIFICATION
 DATE OF DEATH **Sept 9 1944**

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 **10:35 P.M.**

Immediate cause of death **Crushed chest and abdominal cavity**

Due to **State falling in Cherry Hill Mine, Central City, Ky.**

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

Major findings: **174**

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Sept 9, 1944**

(c) Where did injury occur? In or about home, on farm, in industrial place in public place? **In Cherry Hill Mine** (Specify type of place)

While at work? **yes** (e) Means of injury _____

23. Signature **Howard J. Harbin** (Write or other)

Address **Greenville, Ky.** Date signed **Sept 10, 1944**

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.