

COMMONWEALTH OF KENTUCKY

State File No. 222  
Registrar's No. 222

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

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Bremen Ky  
(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 Muhl  
(c) City or town \_\_\_\_\_  
(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 Norman Kish

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_

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

6(b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 14 64  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Day \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Millport Ky

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER 12. Name Ray Kish Ky

13. Birthplace \_\_\_\_\_ Ky

MOTHER 14. Maiden name Eva Harker Ky

15. Birthplace \_\_\_\_\_ Ky

16(a) Informant's own name Ray Kish Ky

(b) Address Bremen Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Shower Club at Aug 27 1944

18(a) Signature of funeral director Walter Hone

(h) Address Central City Ky

19(n) 9-12-1944 (Date received by local registrar) Donald J. Standard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1944

21. I hereby certify that I attended the deceased from Aug 24 1944 only at home of its mother, that I last saw him alive on Aug 24 1944, and that death occurred on the date stated above at 12 P.M.

Immediate cause of death unknown to me as I did not attend while alive - it was well when I last saw him

DURATION

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 200C

Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ X

(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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Boyd S. Dunette M.D. (M. D. or other)

Address Madisonville Ky Date signed 9/10/44

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.