

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistrar's No. 242Registration District No. 1085Primary Registration District No. 2435

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Central City, 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 Muhlen.
(c) City or town Central City, Ky.
(If outside city or town limits write RURAL)(d) Street No. 419 N. 5th
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Jake Greenwood3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____6(b) Name of husband Mary Jane Cobb

6(c) Age of husband or wife at death _____

7. Birth date of deceased March 26 - 1879
(Month) (Day) (Year)8. AGE: Year 65 Months 6 Day 7 If less than one day _____
hr. _____ min.9. Birthplace Ky.10. Usual occupation farmer

11. Industry or business _____

12. Name William Greenwood

13. Birthplace _____

14. Maiden name Susan Duke15. Birthplace Ky.16(a) Informant's name Mr. J. A. Greenwood(b) Address Central City, Ky.17. BURIAL, CREMATION, OR REMOVAL Wilcox Date Oct 2, 194418(a) Signature of informant Howard F. Greenwood(b) Address Central City, Ky.19(a) 9-30-1944 (Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1944

21. I hereby certify that I attended the deceased from _____ 19____

to _____ 19____, that I last saw h. alive on

_____ 19____, and that death occurred on the date

stated above at 12:30 P.M.

Immediate cause of death

Shot in heart with a 12 gauge shot gun

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 1040

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) suicide(b) Date of occurrence Sept 28, 1944(c) Where did injury occur? In or about home, on farm, in industrial place
in public place? In rear of home
(Specify type of place)While at work? no (e) Means of injury _____23. Signature Howard F. GreenwoodAddress Greenville, Ky. State signed Sept 28, 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.