

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.

Form V. B. 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. **8662**  
 Registrar's No. **112**

Registration District No. **1085** Primary Registration District No. **2436**

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Ky** (b) County **Muhlenberg**  
 (c) City or town **Dunmore - Post Route**  
 (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 **Bradie Ray Hiskom**

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

4. Sex **male** 5. Color or race **white** 6(a) Single, widowed, married, divorced **married**

6(b) Name of husband or wife **Nellie Hiskom**

6(c) Age of husband or wife if alive **35** Years

7. Birth date of deceased **Oct 4 1907**  
 (Month) (Day) (Year)

8. AGE: Years **40** Months **6** Days **11** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Sadd Co.**

10. Usual occupation **Farming**

11. Industry or business **Self**

FATHER 12. Name **Elden Hiskom**

13. Birthplace **Ky.**

MOTHER 14. Maiden name **Jennie Cannon**

15. Birthplace **Ky.**

16(a) Informant's own signature **R. B. Jenkins**

(b) Address **Dunmore, Ky.**

27. BURIAL, CREMATION, OR REMOVAL  
 Place **Wiley Chappel April 16, 1948**

18(a) Signature of funeral director **J. Freeman Gray**

(b) Address **Greenville, Kentucky**

19(a) **4-23-48** (Date received by local registrar) (b) **Marjorie Hodge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 15 1948**

21. I hereby certify that I attended the deceased from **4-14-48** to **4-15-48** 19\_\_\_\_, that I last saw him alive on **4-12-48** 19\_\_\_\_, and that death occurred on the day stated above at \_\_\_\_\_ M.

Immediate cause of death **Fractured spine C**  
**caused by gunshot**

Due to **Fall from ground floor**

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

Major findings:  
 Of **Fractured 7th rib caused from 1950**

Of autopsy **no**

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

(a) Accident, suicide, or homicide (specify) **Falling two stories in his**

(b) Date of occurrence **4-14-48**

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

While at work? **no** (d) Means of injury **Falling two**

23. Signature **R. B. Jenkins** (M. D. or other)

Address **Dunmore, Ky.** Date signed **4-16-48**