

13210

Form V. & 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

Registered No. 23

1. PLACE OF DEATH

County MuhlenbergVot. Pct. 25-Inc. Town Cleaton Ky

City _____

Registration District No. 1094Primary Registration District No. 6541

(No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Gary Hammers(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH May 11 1935

7. AGE Years _____ Months _____ Days _____ If LESS than _____ yrs. _____ mos. _____ ds.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.13. NAME Howard Hammers14. BIRTHPLACE Ky.15. MAIDEN NAME Lola Smith16. BIRTHPLACE Ky.17. INFORMANT Melvin Hammers(Address) Cleaton Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Company Cem. Date 5-11, 193519. UNDERTAKER Arthur L. Prosser(Address) Central Ave. Ky.20. FILED May 21 1935 Vannie Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 5-11, 193522. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 11, 1935.I last saw ~~him~~ her alive on _____, 1935, death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:Stillborn Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 1935

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) L. Ross Willis, M. D.(Address) Nelson Ky

N. B. WRITE PLAINLY. WRITE UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAIN RECEIVED FOR BIRTHING