

MARGIN RESERVED FOR BINDING

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.

COMMONWEALTH OF KENTUCKY

 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

State File No.

21014

Registrar's No.

234

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 Muhlenberg Ky.
 (b) City or town Cleaton 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 _____ (year) _____ (month) _____ (day)

2. USUAL RESIDENCE OF DECEASED:

 (a) State Ky. (b) County Muhlenberg
 (c) City or town Cleaton
 (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

William Guy Horlen

3(b) If veteran, _____

3(c) Social Security _____

Name was _____

Male5. Color White6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Ada Mae Bladen

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

7. Birth date of deceased Oct 24 - 1897
(Month) (Day) (Year)8. AGE: 46 Months 10 Days 27 If less than one day _____ hr. _____ min.9. Birthplace Illinois

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Charles S. Horlen13. Birthplace Ky.MOTHER { 14. Maiden name Ozella O'Neil15. Birthplace Ky.16(a) Informant's own signature Wm W. G. Horlen(b) Address Cleaton Ky.

17. TOMB, CREMATION, OR REGIONAL

Maple Creek Date 9-20-4418(a) Signature of informant Trucker Lunsford, Home(b) Address Central City Ky.19. October 2, 1944 (Date received by local registrar) Wm W. G. Horlen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 194421. I hereby certify that I attended the deceased from 9-15-1944 to Sept 21 1944 that I last saw him alive on Sept 21 1944 and that death occurred on the date stated above at 9:15 P. M.

Immediate cause of death _____

Due to Pneumonia

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

Major findings: _____

Of operations 101

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 P. G. Crowder (M. D. or other)Address Central City Ky. Date signed 10-2-1944