

18311

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

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 18311  
Registrar's No. 221

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Rural  
(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 Muh  
(c) City or town Rural  
(If outside city or town limits write RURAL)  
(d) Street No. South Central City  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Jay Hayes  
3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased July 31 1882  
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Muhlenberg

10. Usual occupation at home

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

FATHER { 12. Name Zachia Stovall

13. Birthplace Tenn

MOTHER { 14. Maiden name Nora Coleman

15. Birthplace Muhlenberg Co

16(a) Informant's own signature Wm James Linn

(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Pat Graves Date July 11, 1941

18(a) Signature of funeral director Perth & Gary

(b) Address Greenville Ky

19(a) 7-14-41 (Date received by local registrar) (b) Jane Reid Linn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1941

21. I hereby certify that I attended the deceased from March 1941 to July 10 1941, that I last saw her alive on July 8 1941, and that death occurred on the date stated above 10- P.M.

Immediate cause of death coronary  
7 stomach

Due to 41

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(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 J. H. Linn (M. D. or other)

Address Central Ky Date signed 7-12-41

DURATION  
last known

MARGIN RESERVED FOR FILING  
N. B.—WRITE PLAINLY WITH PADDING 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.