

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23067

File No.

Registered No. 101

1. PLACE OF DEATH

County MeigsVol. Pat. 34Inn. Town CleatorRegistration District No. 1694Primary Registration District No. 6842City (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Sherman Hogan(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. Now 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) Infant

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

6. DATE OF BIRTH 9-30-35

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

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 Ky13. NAME W. C. Hogan14. BIRTHPLACE Ky15. MAIDEN NAME Lottie C. Estes16. BIRTHPLACE Ky17. INFORMANT W. C. Hogan
(Address) Cleator Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Ch. Cem. Date 10-2, 193519. UNDERTAKER Arthur H. Mosley
(Address) Central City Ky.20. FILED 10-2, 1935 Winnie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9-30, 193522. I HEREBY CERTIFY, That I attended deceased from 9-30-35 to 9-30, 1935. I last saw him alive on 9-22, 1935, death is said to have occurred on the date stated above, at 11 a. m. The principal cause of death and related causes of importance in order of onset were as follows:Dead during birth Date of onset 9-30-35215

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 _____ 1935Where 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) J. H. Hughes M. D.(Address) Central City Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. 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. See instructions on back of certificate.