

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No.

18195

Registrar's No.

231

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH:

(a) County Muhlenburg
(b) City or town Summers
(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 Muhlenburg
(c) City or town Summers
(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? _____ yrs3(a) FULL NAME French Oliver Hope

3(b) If veteran,

Name war _____

3(c) Social Security

No. _____

4. Sex M5. Color or
race W6(a) Single, widowed, married,
divorced

6(b) Name of husband or wife _____

6(c) Age of husband or wife if given _____ Years

7. Birth date of deceased Sept 19 1870
(Month) (Day) (Year)8. AGE: Years 71 Months 10 Days 28 If less than one day
hr. _____ min. _____9. Birthplace Muhlenburg Co.10. Usual occupation Retired Painter

11. Industry or business _____

FATHER { 12. Name Alfred Thomas Hope13. Birthplace Muhlenburg Co.MOTHER { 14. Maiden name Polly Bobb15. Birthplace North Carolina16(a) Informant's own signature Raymond Hope(b) Address Summers, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Summers, Ky Date Aug 15, 194618(a) Signature of funeral director H. C. Hargrader(b) Address Summers, Ky19(a) 9-4-46 (Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 194621. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the daystated above at 1:00 P. M.Immediate cause of death Blistering to deathRight leg was nearly cut
offOther 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) accident(b) Date of occurrence Aug 17, 1946(c) Where did injury occur: in apartment house, on farm, in industrial place, in public
place on 2nd St. East
(Specify type of place)While at work no (d) Means of injury _____23. Signature Harold F. HargraderAddress Summers, Ky Date signed 8-22-46

MARGIN RESERVED FOR BINDING

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.