1642

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. _____
Registrar's No. 19

Registration District No. 1085 Primary Registration District No. 2436

DELAY

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) County Muhlenberg (b) County Muhlenberg
City or town Bremen (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 Jerry Zelman Hope
3(b) If veteran, Name war
3(c) Social Security No.

4. Sex M | 5. Color or race W | 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Aug 11 - 1880 (Month) (Day) (Year)
8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace
10. Usual occupation Farming
11. Industry or business

FATHER
12. Name William C. Hope
13. Birthplace Ky.

MOTHER
14. Maiden name Sarah Woods
15. Birthplace Ky.

16(a) Informant's own signature Nettie Summey
(b) Address Greenville R.1

17. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date Jan. 28, 1942
18(a) Signature of funeral director Carden & Gary
(b) Address Greenville Ky.
19(a) 1-27-42 (Date received by local registrar) Jane A. Lovell (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH January 26 1942
21. I hereby certify that I attended the deceased from 19 to 19, that I last saw h. alive on 19, and that death occurred on the date stated above at 3 P. M.

Immediate cause of death Crushed Skull — DURATION
Due to Falling tree
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) accident
(b) Date of occurrence Jan. 26 - 42
(c) Where did injury occur? in or about home, on farm, in industrial place in public place? on C. M. Best Farm (Specify type of place)
While at work (d) Means of injury Falling tree
22. Signature J. B. Fuchs (Title) Coroner
Address Central City Date signed

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; PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.