

21032

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS

Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 1086

Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Middleburg
(b) City or town Greenfield
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Greenfield Conv. Hosp.
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or at home 5 weeks
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Middle
(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 James Hughes

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex M.

5. Color or race Col.

6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Butler Co., Ky.

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

7. Birth date of deceased Feb. 27, 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 11 If less than one day hr. _____ min.

9. Birthplace Butler Co., Ky.

10. Usual occupation Mines

11. Industry or business Coal Mines

FATHER 12. Name Unknown

13. Birthplace Butler Co., Ky.

MOTHER 14. Maiden name Lizzie Hughes

15. Birthplace Butler Co., Ky.

16(a) Informant's own signature Emma Hoffman

(b) Address Cleaton, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Russellville, Ky. Date 9-12-44

18(a) Signature of funeral director Edith's Funeral Home

(b) Address Dr. Roberts, Ky.

19(a) 9-12-44 (Date received by local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8, 1944

21. 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 date stated above at 3:00 P. M.

Immediate cause of death Uremia, Prerenal, abt Hypertensive heart disease

DURATION

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

Major findings: _____

Of operations ruptured Pulvis caputary

Of autopsy _____

22. If death was due to external causes, fill in the following: 930-1378

(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? _____ (a) Means of injury _____

23. Signature Thompson (M. D. or other)

Address Greenfield Ky Date signed 9-11-44

6936 9-25-47

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.