

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

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No. _____
Registrar's No. 308

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7472

1. PLACE OF DEATH: Muhlenburg
(a) County Muhlenburg
(b) City or town _____
(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 Kentucky (b) County Muhlenburg
(c) City or town Arnold
(If outside city or town limits, write RURAL)
(d) Street No. W. Court House
(If rural give precinct)
(e) If foreign born, how long in U.S.A. ? _____ years

3(a) FULL NAME Sarah Jane James

DELA

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH Sept 19 1940
21. I hereby certify that I attended the deceased from Sept 15 1940
to Sept 19 1940 that I last saw her alive on
Sept 15 1940 and that death occurred on the date
stated above at 2:10 A M.

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

Immediate cause of death _____ DURATION
Due to Apoplexy
Other conditions _____
(Include pregnancy within 3 months of death)

5(b) Name of husband or wife _____
6(b) Single, widowed, married, divorced _____

7. Birth date of deceased Oct 26 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months _____ Days _____
If less than one day _____ hr. _____ min.

7. Birthplace Muhlenburg Co.

10. Usual occupation at home

11. Industry or business _____

FATHER } 12. Name Louis Gadsden

MOTHER } 13. Birthplace Muhlenburg Co.

14. Maiden name Jane Luell

15. Birthplace Muhlenburg Co.

16(a) Informant's own signature Jesse C James
(b) Address Deputy 147 R 1

Major findings:
Of operations _____
Of autopsy _____

17. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date Sept 20, 1940

18(a) Signature of funeral director Parker & Gary
(b) Address Greenville 147

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? _____

19(a) 9-28-40 (Date received by local registrar)
(b) James Oates (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury 1292
23. Signature D. G. Cargabrite, M.D.
(M. D. or other)
Address Greenville, Ky Date signed Sept 24, 1940

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.