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COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. _____

Form 7. 2. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH
(a) County Muhlenberg
(b) City or town Brunswick
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: Muhlenberg Community Hospital
(If not in hospital or institution write street number or location) 321
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhlenberg
(c) City or town Brunswick
(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 Edward Earl Jones

3(b) If veteran, Name war _____ No. _____
3(c) Social Security No. _____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____
6(c) Age of husband or wife 40 Years
7. Birth date of deceased Mar 20, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min.

9. Birthplace Ky
10. Usual occupation _____
11. Industry or business _____

FATHER
12. Name Hubert Jones
13. Birthplace _____
MOTHER
14. Maiden name Maude Mayes
15. Birthplace _____

16(a) Informant's own signature Hubert Jones
(b) Address Brunswick Ky RFD 3

17. BURIAL, CREMATION, OR REMOVAL
Place Jones Date 3/28, 1940

18(a) Signature of funeral director James G. ...
(b) address Brunswick Ky
19(a) March 28, 1940 (Date received by local registrar)
(b) James G. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940
21. I hereby certify that I attended the deceased from Mar 24 1940 to Mar 27 1940, that I last saw him alive on Mar 27 1940, and that death occurred on the date stated above at 8 P.M.

Immediate cause of death Unknown 1879
Due to some defect of heart

DURATION

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) _____
(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? _____ (e) Means of injury 9630

23. Signature J. C. ... (M. D. or other)
Address Brunswick Ky Date signed _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UPPERCASE LETTERS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.