

27046

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. 286

Registration District No. 1085 Primary Registration District No. 7871

1. PLACE OF DEATH: (a) County <u>Muhlenberg</u> (b) City or town <u>Greenville Ky (Rural)</u> (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 <u>about 45 Years</u> (years, months or days)	2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Muhlenberg</u> (c) City or town <u>Greenville Ky (Rural)</u> (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.? _____ year
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3(a) FULL NAME Charlie Jones

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

4. Sex Male 5. Color Negro 6(a) Single, widowed, divorced, _____

6(b) Name of husband or wife Iula Jones

6(c) Age of husband or wife if alive about 64 Years

7. Birth date of deceased April 1890
(Month) (Day) (Year)

8. AGE: Years 55 Months _____ Days _____
If less than one day hr. _____ min. _____

9. Birthplace Muhlenberg Co

10. Usual occupation Farmer

11. Industry or business _____

FATHER 12. Name Steven Jones

13. Birthplace Muhlenberg Co

MOTHER 14. Maiden name Huldy Dillingham

15. Birthplace Mhlenberg Co

16(a) Informant's own signature Mathis Jones

(b) Address Greenville Ky

17. BURIAL, _____
Place Keynote Mortuary 12/29 1945

18(a) Signature of funeral director August A. Elliott

(b) Address Greenville Ky

19(a) 12-31-45 (Date received by local registrar)
(b) Mrs. Margaret Hodges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec; 27 1945

21. I hereby certify that I attended the deceased from _____ 19____
to Dec. 27 1945 that I last saw him alive or
stated above at 2:30 P M.

Immediate cause of death _____ DURATION _____
Cerebral Hemorrhage

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? _____ (a) Means of injury _____

23. Signature E. Elliott (M. D. or other)

Address Greenville Ky Date signed 12-31-45

MARGIN RESERVED FOR ENDING
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.