

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. 24205Registrar's No. 324Registration District No. 1085 Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Dubbersberg  
(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) State Kentucky (b) County Dubbersberg  
(c) City or town Central City  
(If outside city or town limits, write RURAL)  
(d) Street No. R. F. D. #4  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years3(a) FULL NAME Joseph Washington Jones

3(b) If veteran \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No \_\_\_\_\_

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced \_\_\_\_\_6(b) Name of husband or wife Deceased

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Sept 13, 1871  
(Month) (Day) (Year)8. AGE: Years 75 Months 1 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Butler County10. Usual occupation Coal Miner

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Urkason13. Birthplace "MOTHER { 14. Maiden name Urkason15. Birthplace "16(a) Informant's own signature John Jones(b) Address Chicago, Ill.

## 17. BURIAL, CREMATION, OR REMOVAL

Place anyway Cemetery 11/9 194618(a) Signature of funeral director W. B. Smith(b) Address Madisonville, Ky19(a) 11-26-46 (Date received by local registrar) (b) Margie Hale (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 7th 1946  
21. I hereby certify that I attended the deceased from Nov 1 1946  
to Nov 5 1946 that I last saw him alive on Nov 5 1946 and that death occurred on the date stated above at 6:30 P. M.

Immediate cause of death \_\_\_\_\_

DURATION

Due to \_\_\_\_\_

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. J. TateAddress Freemont, Ky (M. D. or other) \_\_\_\_\_  
Date signed 11-8-46

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.