

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.

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Harrison
State File No. **10303**
Registrar's No. **89**

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

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:
(a) County **Muhlenberg**
(b) City or town **Wachsmuth**
(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)

USUAL RESIDENCE OF DECEASED:
(a) State **Ky.** (b) County **Wash.**
(c) City or town _____ (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

3(a) FULL NAME **Mollie Ann Jordan**
3(b) If veteran, _____ 3(c) Social Security Name or No. _____

20. DATE OF DEATH **March 18, 1944**
21. I hereby certify that I attended the deceased from **March 14, 1944** to **March 18, 1944** that I last saw him alive on **March 17, 1944** and that death occurred on the date stated above at **2:30 P.M.**

4. **Female** 5. Color of skin **White** 6(a) Single, widowed, married, divorced _____
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased **April 6 - 1866**
(Month) (Day) (Year)
8. AGE **77** Years **11** Months **12** Days If less than one day hr. _____ min.

Immediate cause of death **Bronchopneumonia**
Due to **measles**
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **35-104**
Of operations _____
Of autopsy _____

9. Birthplace **Ky.**
10. Usual occupation _____

11. Industry or business _____
FATHER { 12. Name **J. N. Coffman**
13. Birthplace _____
MOTHER { 14. Maiden name **Mary Coffman**
15. Birthplace _____

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)
(d) While at work? _____ (e) Means of injury _____

16(a) Informant's name **Jahed Jordan**
(b) Address **Wachsmuth, Ky.**
17. JURIAL, CEMETERY OR REMOVAL **Wachsmuth** Date **30/9/44**
18(a) Signature **Jahed Jordan** Registrar's signature _____
(h) Address **Central City, Ky.**
19(a) **April 11, 1944** (Date received by local registrar) **Wachsmuth, Ky.** (Date of death)

23. Signature **H. J. Harrison** (M. D. or other)
Address **Central City, Ky.** Date signed **March 19, 1944**