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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 of \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:  
(a) County Cumberland  
(b) City or town Brownsville Ky  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
Wickl. Comm. Hospital  
(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) County Cumberland  
(b) City or town Brownsville Ky  
(If outside city or town limits, write RURAL)  
Street No. \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Curley, George (George Henry) George Kirby

3(b) If veteran, \_\_\_\_\_  
Name war \_\_\_\_\_  
3(c) Social Security No. 704-01-4899

MEDICAL CERTIFICATION  
20. DATE OF DEATH July 3 1940

4. Sex Male 5. Color of race White  
6(a) Single, widowed, married, divorced \_\_\_\_\_

21. I hereby certify that I attended the deceased from 1932 19\_\_\_\_  
to July 28 1940 that I last saw him alive on \_\_\_\_\_  
" " 1940 and that death occurred on the date stated above at \_\_\_\_\_ M.

6(b) Name of husband or wife Martha Kirby

Immediate cause of death Cerebral injury & fracture of skull

6(c) Age of husband or wife if alive 28 Years

7. Birth date of deceased: 11-7-1907  
(Month) (Day) (Year)

8. AGE: 32 Years Months 7 Days 10 - If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bethesda Md

10. Usual occupation Truck Driver

11. Industry or business Truck Driver

12. Name Martha Jean Kirby

13. Birthplace Bethesda Md

14. Maiden name Martha Hoopes

15. Birthplace Bethesda Md

16(a) Informant's own signature Jack Whitney

(b) Address Brownsville Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place not from Date 7-4-40

18(a) Signature of funeral director J. H. Kimmond

(b) Address Brownsville Ky

19(a) 7-4-40 James Carter  
(Date received by local registrar) (Registrar's signature)

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

Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operation:  
Of autopsy:

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident (car)  
(b) Date of occurrence June 29-40  
(c) Where did injury occur? in, or about home, on farm, in industrial place, in public place? Highway 13213  
(Specify type of place)  
While at work? yes (e) Means of injury Truck

Signature James Carter (M. D. or other)

Address Brownsville Ky Date signed July 5

2178-21-50

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.