

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. 36

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Mushlenberg
(b) City or town Greenville
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Mushlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

(d) Street No. _____ (If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME A. P. Lact

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

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

6(b) Name of husband or wife Lena Lact

6(c) Age of husband or wife if alive 66 Years

7. Birth date of deceased July 18, 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Ky

10. Usual occupation Black Smith B

11. Industry or business _____

FATHER { 12. Name William Lact

13. Birthplace Ky

MOTHER { 14. Maiden name Julia Posie

15. Birthplace Virginia

16(a) Informant's own signature Mrs. Arch Wilkins

(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Friendship Date 2-5, 1944

18(a) Signature of funeral director Barry's Funeral Home

(b) Address Greenville Ky

19(a) 2-4-44 (Date received by local registrar) (b) James R. Lauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1944

21. I hereby certify that I attended the deceased from 1944 to Feb 2 1944 that I last saw him alive on Feb 2 1944 and that death occurred on the date stated above at 9.40 M.

Immediate cause of death _____ DURATION

Cornary Occlusion

Due to _____

Cirrhosis

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations 94 A - 94 B

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 _____

23. Signature E. R. Latta (M. D. or other)

Address Greenville Date signed 2-5-44

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.