

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH **CAFADING 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.

Form T. 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. 236
23160

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Central City
(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 Jefferson
(c) City or town Central City
(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.? _____ years

3(a) FULL NAME Ernest J. McGann

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

4. Sex MA 5. Color or race W 6(a) Single 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 _____
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Adairville Kentucky

10. Usual occupation Painter

11. Industry or business _____

FATHER 12. Name John J. McGann

13. Birthplace Virginia

MOTHER 14. Maiden name Josephine J. Whinn

15. Birthplace Kentucky

16(a) Informant's own signature John McGann

(b) Address Central City Ky

17. BURIAL, CREMATION OR REMOVAL None Will be Date 10-16-1942

18(a) Signature of funeral director J. P. Winton

(b) Address Central City Ky

19(a) 10-12-43 (Date received by local registrar) (b) James P. Lawrence (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4th 1942

21. I hereby certify that I attended the deceased from Oct 4 - 1942
to Oct 4 - 1942 that I last saw h. alive on Oct 4 - 1942
and that death occurred on the date stated above at 11:20 P. M.

Immediate cause of death _____

Due to Apoplexy.

DURATION

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

Major findings: _____

Of operations 13A

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 10/2/42

(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 J. P. Winton (M. D. or other) James P. Lawrence

Address Central City Ky Date signed 10-5-42