

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.

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. 251
23148

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Central City
(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 Franklin
(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 James Earl Magnum

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

4. Sex M 5. Color of race W 6(a) Single widowed married
divorced single

6(b) Name of husband or wife _____

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

7. Birth date of deceased Aug 10 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days _____ If less than one day
hr. _____ min.

9. Birthplace Central City Ky

10. Usual occupation at home

11. Industry or business _____

FATHER 12. Name John Magnum

13. Birthplace Hardyville Ky

MOTHER 14. Maiden name Joan Leche

15. Birthplace Central City Ky

16(a) Informant's own signature James Earl Magnum

(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL Buried Date 10-18-43 1943

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

(b) Address Central City Ky

19(a) 11-6-43 (Date received by local registrar) (b) Janis R. Lauer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1943
21. I hereby certify that I attended the deceased from Nov 1 1941 to Oct 16 1943, that I last saw him alive on Oct 16 1943, and that death occurred on the date stated above at 6:00 P M.
Immediate cause of death Pulmonary Tuberculosis

DURATION

2 mo

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? _____ (e) Means of injury _____

23. Signature J. H. Farralson (M. D. or other)
Address Central City Ky Date signed Oct 27 1943