Form V. S. 1-A

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

File No. 23525
Registered No. 311

1. PLACE OF DEATH

County Muhlenberg
Vet. Pct. Central City
Inc. Town
City (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 1085
Primary Registration District No. 2435

2. FULL NAME A J McCandless VETERAN, WHAT WAR?

(a) Residence. No. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH Feb 10. 1859
7. AGE: Years 80 Months 6 Days If LESS than 1 day.....hrs. or.....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocery
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 5
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Grayson Co.

FATHER
13. NAME William McCandless
14. BIRTHPLACE Dont Know

MOTHER
15. MAIDEN NAME Jemima Berden
16. BIRTHPLACE Ky

17. INFORMANT J W McCandless
(Address) Greenville 157

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville Cemetery Date Sept 7, 1939

19. UNDERTAKER Tarter + Gay
(Address) Greenville Ky

20. FILED 9-11, 1939 James Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939 to Sept 5, 1939
I last saw him alive on Sept 4, 1939, death is said to have occurred on the date stated above, at 11.30 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Coronary Occlusion	

Contributory causes of importance not related to principal cause:
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify 1277

(Signed) J. P. Walton M. D.
(Address) Central City, Ky.

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.