

23338

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. 2576Registration District No. 1085Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Greenville  
(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 Ky (b) County Muhlenberg  
(c) City or town Greenville  
(If outside city or town limits, write RURAL)  
(d) Street No. Court House, Greenville  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Jessie Cordelia M. Chelton

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war 7 No. \_\_\_\_\_4. Sex F5. Color or race W6(a) Single, widowed, married, divorced

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive Sept 9, 1863 Years7. Birth date of deceased Sept 9, 1863  
(Month) (Day) (Year)8. AGE: 81 Years 8 Months 28 Days If less than one day hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

FATHER

12. Name Billie Allen13. Birthplace Tenn

MOTHER

14. Maiden name Cardie Kitcher15. Birthplace Tenn16(a) Informant's name J. J. Carr(b) Address Greenville, Ky

17. BURIAL, CREMATION, OR REMOVAL

PLACE Greenville Date Oct 9, 194418(a) Signature of funeral director Greenville, Ky(b) Address Greenville, Ky19(a) 10-8-44  
(Date received by local registrar)(b) Merrie J. Hale  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7, 194421. I hereby certify that I attended the deceased from Oct 7, 1944  
to Oct 7, 1944 that I last saw him alive on Oct 7, 1944 and that death occurred on the date stated above at 1050 a.

Immediate cause of death \_\_\_\_\_

Apoplexy

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

DURATION

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations 83A

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 \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_

23. Signature L. G. Cargabrite, M.D.  
(M. D. or other)Address Greenville, Ky Date signed Oct 7, 1944

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.