

Hansen 3368
 State File No. _____
 Registrar's No. 111

Form V. B. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census

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

Registration District No. 185 Primary Registration District No. 2436

1. PLACE OF DEATH:
 (a) County Martin
 (b) City or town Bearsville Ky.
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: Martin County Hospital
 (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 Martin
 (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 Thomas Wayne McCoy

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

4. Sex Male 5. Color White 6(a) 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 June 1 - 1942
 (Month) (Day) (Year)

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

9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name William Warren McCoy

13. Birthplace _____

MOTHER 14. Maiden name Opal Deloris Correll

15. Birthplace _____

16(a) Informant's own signature W.W. McCoy

(b) Address Central City Ky 40301

17. BURIAL, CREMATION OR REMOVAL
 Place St. John Date June 5, 1945

18(a) Signature of funeral director Robert Turner

(b) Address Central City Ky
 19(a) 6-6-1945 (Date received by local registrar) W.W. McCoy (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH June 4, 1945

21. I hereby certify that I attended the deceased from June 1, 1945 to June 4, 1945 that I last saw him alive on June 4, 1945 and that death occurred on the date stated above at 9:30 P.M.

Immediate cause of death Immaturity due to premature birth DURATION _____

Due to _____

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)

WRITTEN AT WORK? _____ (c) Means of injury _____

23. Signature J.P. Jarvalson (M. D. or other)

Address Central City Ky Date signed 6-5-45

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.