

21028

State File No. 224
Registrar's No. 224

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

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

Registration District No. 10 85 Primary Registration District No. 2435

1. PLACE OF DEATH: (a) County Boyle (b) City or town Bremen Ky (c) Name of hospital or institution: _____ (If outside city or town limits, write RURAL) (d) Length of stay: In hospital or community _____ (If not in hospital or institution write street number or location) (e) If foreign born, how long in U. S. A.? _____ years

2. USUAL RESIDENCE OF DECEASED: (a) County Boyle (b) City or town Muhl (c) Name of street _____ (If outside city or town limits, write RURAL) (d) Street _____ (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mary M. Donald

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

4. Sex Female 5. Color White 6(a) Single, widowed, married, divorced W

6(b) Name of husband or wife _____ 6(c) Age of husband or wife if alive July 8 - 1863 Years _____ (Month) (Day) (Year)

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: 81 Years 8 Months 4 Days If less than one day _____ hr. _____ min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Jack Richardson 13. Birthplace Ky

MOTHER { 14. Maiden name Martha 15. Birthplace Ky

16(a) Informant's name Ed Allen (b) Address Bremen, Ky, Rt 5

17. BURIAL, CREMATION OR REMOVAL Place Debo Date 8-3 1944

18(a) Signature of funeral director Central Funeral Home (b) Address Central City, Ky

19(a) September 7, 1944 (Date received by local registrar) (b) Amelia J. Donald (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1944

21. I hereby certify that I attended the deceased from July 28 1944 to Aug 2 1944 that I last saw him alive on Aug 1, 1944 1944 and that death occurred on the date stated above at 6 AM M.

Immediate cause of death Cerebral hemorrhage DURATION 6 days

Due to no cause found

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

Major findings: 83A

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? _____ (a) Means of injury _____

23. Signature M. J. Harrison (M. D. or other) Address Central City, Ky Date signed Aug 19, 1944

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.

MARGIN RESERVED FOR BINDING