

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. 1085 Primary Registration District No. 7503

1. PLACE OF DEATH:  
(a) County Meyersdale  
(b) City or town Brassfield  
(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 Meyersdale  
(c) City or town City limits Brassfield  
(If outside city or town limits, write RURAL)  
(d) Street No. King st  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A. 82 years

3(a) FULL NAME William McDougall

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. C

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife Belle

6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased Dec 26 - 1949 (Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 15 If less than one day, hr. \_\_\_\_\_ min.

9. Birthplace Scotland

10. Usual occupation retired

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

FATHER 12. Name John Hay McDougall

13. Birthplace Scotland

MOTHER 14. Maiden name Beau Miller

15. Birthplace Scotland

16(a) Informant's own signature Hiram Rice

(b) Address Drasubaro

17. BURIAL, CREMATION, OR REMOVAL  
Place Central City Date 11-13, 1939

18(a) Signature of funeral director J. R. Kimmond

(b) Address Drakeboro Ky

19(a) 11-12-39 (Date received by local registrar) James Carter (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Nov 11 - 1939

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_, that I last saw him alive on \_\_\_\_\_, and that death occurred on the date stated above at 6:45 P.M.

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

Myocarditis  
Due to 930

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operation: \_\_\_\_\_  
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 Lewis Bryan (M. D. or other)  
Central City Date signed 11-13-39

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.