

COMMONWEALTH OF KENTUCKY

State File No. 95Registrar's No. 95

Form V. S. F.A.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1085-Primary Registration District No. 2435-

1. PLACE OF DEATH

(a) County Muhlenberg(b) City or town Central City, Ky

(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 Mall(c) City or town Central City, Ky

(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 Porter M. Bee3(b) If veteran, Name war ✓

3(c) Social Security No. _____

4. Sex m5. Color of race White6(a) Single ✓ widowed Married
divorced _____6(b) Name of husband or wife Bessie Tucker

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Aug 16 - 1876

(Month)

(Day)

(Year)

8. AGE: 65 Years7 Months

If less than one day

hr. _____

min. _____

9. Birthplace Ohio Co. Ky10. Usual occupation miner

11. Industry or business _____

FATHER

12. Name William M. Bee13. Birthplace Ky

MOTHER

14. Maiden name Jennie15. Birthplace Ky16(a) Informant's own signature Dillard M. Bee(b) Address Central City, Ky

17. BURIAL, CREMATION, or REMOVAL

Place Nelson CreekDate 3-30

1942

18(a) Signature of funeral director J. Tucker(b) Address Central City, Ky19(a) 3-29-1942

(Date received by local registrar)

(b) D. L. Bradford

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28 194221. I hereby certify that I attended the deceased from Jan 1 1942
to March 28 1942, that I last saw him alive on
March 27 1942 and that death occurred on the date
stated above at 7 P. M.Immediate cause of death Endocarditis

DURATION

Due to respirators

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)

While at work? _____

(e) Means of injury _____

23. Signature D. L. Bradford

(M. D. or other)

Address: Central City, Ky

Date signed _____

2434-35
3-23-48