

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.

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

DELAY

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

State File No. D 2125
 Registrar's No. 3

Registration District No. 1125 Primary Registration District No. 7611

1. PLACE OF DEATH:

(a) County Ohio

(b) City or town Prentiss

(c) Name of hospital or institution: none
(If outside city or town limits, write RURAL)

(d) Length of stay: In hospital, or community none
(If not in hospital or institution write street number or location)
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Ohio

(c) City or town Prentiss 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. U. S. A. years

3(a) FULL NAME Andrew Jackson McEford

3(b) If veteran, Name war no

3(c) Social Security No. no

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife Jalana Hoerer

6(c) Age of husband or wife if alive deceased 8 years

7. Birth date of deceased May 11 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 29
If less than one day hr. min.

9. Birthplace Muhlenburg Co. Ky.

10. Usual occupation Farmer

11. Industry or business _____

FATHER { 12. Name Jack McEford

13. Birthplace Muhlenburg Co. Ky.

MOTHER { 14. Maiden name Palethia McEford

15. Birthplace Muhlenburg Co. Ky.

16(a) Informant's own signature Miss Ellen Dockery

(b) Address Prentiss Ky.

17. BURIAL, CREMATION, OR REMOVAL
 Place Prentiss Date 12-12 1946

18(a) Signature of funeral director E. L. Casbeer

(b) Address Beaver Dam Ky.

19(a) 1-7-47 (Date received by local registrar)

(b) Bessie L. Hunley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1946

21. I hereby certify that I attended the deceased from July 1946 to Dec. 10 1946. that I last saw him alive on Dec. 5 1946 and that death occurred on the date stated above at 11:30 A. M.

Immediate cause of death
Coronary Arteriosclerosis
Heart Disease

	DURATION

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

Major findings:
 Of operations 720

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 Lucas Allen M.D.
(M. D. or other)
 Address Beaver Dam Ky. Date signed 12/10/46