

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

Case File No.

2107

Registrar's No.

37

## CERTIFICATE OF DEATH

Registration District No.

1086

Primary Registration District No.

7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Russell  
(If outside city or town limits, write RURAL)  
(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 Muhl.  
(c) City or town Russell  
(If outside city or town limits, write RURAL)  
(d) Street No. Skilville  
(If rural give precinct)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## 3(a) FULL NAME

James Rasy Mefford

## 3(b) If veteran,

Name war \_\_\_\_\_

## 3(c) Social Security

No. \_\_\_\_\_

## 4. Sex

M

## 5. Color or race

W

## 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 Oct 13 1862  
(Month) (Day) (Year)8. AGE: Years 84 Months 3 Days 7  
If less than one day hr. \_\_\_\_\_ min.9. Birthplace Ky

## 10. Usual occupation \_\_\_\_\_

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

12. Name Classic Magazine13. Birthplace Ky14. Maiden name Jack Mefford15. Birthplace Ky16(a) Informant's own signature Harry Mates(b) Address Belted, Ky R.H.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Sumner Chapel Date 1-15 194718(a) Signature of funeral director Kenneth Funeral Home(b) Address Shakerboro, Ky19(a) 1-31-47 (Date received by local registrar) (b) Margerie Hedge (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 194721. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date stated above at 4.00 P.M.Immediate cause of death Workman  
and his suffering  
with a cold!

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations 1040

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 plant, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (d) Means of injury \_\_\_\_\_

23. Signature Howard F. ShiversAddress Skilville, Ky Date signed 1-14-47

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.