

21030

Form V. B. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS

Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rural
(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 Muhlenberg
(c) City or town Rural
(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 Adam Wendel Mercer

3(b) If veteran,

3(c) Social Security

Name war _____

No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Jarah Mercer

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

7. Birth date of deceased Feb. 15 1877 1869
(Month) (Day) (Year)8. AGE: Years 75 Months 10 Days 29 If less than one day hr. _____ min.9. Birthplace don't know10. Usual occupation Retired ✓

11. Industry or business _____

FATHER { 12. Name George W. Mercer13. Birthplace don't knowMOTHER { 14. Maiden name don't know15. Birthplace don't know16(a) Informant's own signature E. D. Nowell(b) Address Beech Creek - Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Cheston Cemetery Date Sept. 14, 194418(a) Signature of funeral director Parson Woodhouse(b) Address Beech Creek - Ky.19(a) 10-3-44 (Date received by local registrar) (b) Merjerie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 194421. I hereby certify that I attended the deceased from _____ 19____
Sept 9 to 9-13 1944 that I last saw him alive on
Sept 9 1944 and that death occurred on the date
stated above at 6:15 A.M.

Immediate cause of death _____

DURATION

Empyema of face

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 11

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 W. F. Richards

(M. D. or other)

Address Beech Creek, Ky. Date signed _____

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 statements of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING