

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No.

Registrar's No.

2963

Registration District No. 1085

Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Depue  
(c) Name of hospital or institution: Depue  
(If outside city or town limits, write RURAL)(d) Length of stay: In hospital or community \_\_\_\_\_  
(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 Muhlenberg  
(c) City or town Depue  
(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. \_\_\_\_\_ year

3(a) FULL NAME Philip Merce3(b) If veteran, \_\_\_\_\_ 3(c) Social Security  
Name war \_\_\_\_\_ No. \_\_\_\_\_4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married

5(b) Name of husband or wife \_\_\_\_\_

5(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased mer 20 1866  
(Month) (Day) (Year)8. AGE: Years 76 Months 6 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Muhlenberg Co10. Usual occupation merchant

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

FATHER 12. Name Thomas Merce13. Birthplace Muhlenberg CoMOTHER 14. Maiden name Sarah A. Ball15. Birthplace Muhlenberg Co16(a) Informant's own signature CG Merce(b) Address Greenmills

## 17. BURIAL, CREMATION, OR REMOVAL

Place East Union Date Oct 18 194218(a) Signature of funeral director Parker & Gray(b) Address Greenmills19(a) 10-21-42 (b) Jane K. Lovell  
(Date received by local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 194221. I hereby certify that I attended the deceased from Sept 19 1942  
to Oct 16 1942, that I last saw him live on  
Oct 13 1942, and that death occurred on the date  
stated above at 11 0 M.

Immediate cause of death

Chronic Interstitial Nephritis

DURATION

1 yr

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

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:

Of operations 131A 93DOf autopsy 1

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 Quanderson M.D.  
(M. D. or other)Address: Greenmills, Ky Date signed 10/17/42Dr. Quanderson

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.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD—should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.