

21023

State File No. 231  
Registrar's No. 231

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Reynolds  
(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 \_\_\_\_\_  
(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 Kenneth Ray Mitchell

3(b) If veteran, \_\_\_\_\_ 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  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Webster Co, Ky

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

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

FATHER 12. Name Jack Mitchell

13. Birthplace Muhlenberg

MOTHER 14. Maiden name Ada Middleton

15. Birthplace Muhlenberg

16(a) Informant's own signature Jack Mitchell

(b) Address Reynolds, Ky.

17. BURIAL, CREMATION OR REMOVAL

Place Friendship Date Sept 23, 1944

18(a) Signature of funeral director Barry's Funeral Home

(b) Address Greenville Ky

19(a) 9-23-44 (Date received by local registrar) (b) Therorie Halgo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 22, 1944

21. I hereby certify that I attended the deceased from Sept 12, 1944 to Sept 12, 1944 that I last saw him alive on Sept 12, 1944 and that death occurred on the date stated above at 2:30 P.M.

Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_

Malnutrition

Due to Quintess

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

Major findings: 37C-158

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 E. J. Latta (M. D. or other)

Address Greenville Ky Date signed 9-23-44

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.