

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS

Registrar's No. 140

CERTIFICATE OF DEATH

Registration District No. 1382 Primary Registration District No. 8392

1. PLACE OF DEATH: Todd

(a) County Todd

(b) City or town Clifty (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 Todd

(c) City or town Clifty (If outside city or town limits, write RURAL)

(d) Street No. Clifty (If rural give precinct)

(e) If foreign born, how long in U. S. A.: _____ years

3(a) FULL NAME Virginia Ellen Mitchell

3(b) If veteran, _____ 3(c) Social Security No. None

4. Sex Male 5. Color of face White (a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Lou Mitchell

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

7. Birth date of deceased: Feb. 26, 1953 (Month) (Day) (Year)

8. AGE: 84 Years 7 Months 22 Days If less than one day hr. min.

9. Birthplace Summer Co. Tenn.

10. Usual occupation Farming

11. Industry or business on farm

FATHER { 12. Name James Mitchell

13. Birthplace Summer Co. Tenn.

MOTHER { 14. Maiden name Jane Ellis

15. Birthplace Summer Co. Tenn.

16(a) Informant's own signature Virginia Petric

(b) Address Greenville Ky. R. 1

17. BURIAL, CREMATION, OR REMOVAL Place Carnest B. G. Date Oct 19, 1939

18(a) Signature of funeral director R. M. Heltzler

(b) Address Clifty Ky.

19(a) Oct 22, 1939 (Date received by local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18, 1939

21. I hereby certify that I attended the deceased from Oct 17, 1939 to Oct 18, 1939, that I last saw him alive on Oct 17, 1939, and that death occurred on the date stated above at 2 P. M.

Immediate cause of death: Syphilitic Pneumonia

Due to Age Brachy 167 Ht

Other conditions (include pregnancy within 3 months of death)

Major findings:

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? _____ (d) Means of injury: _____

(M. D. or other) E. H. Hester 4162

Address Greenville 14 Date signed Oct 22, 1939

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH 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.