

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.

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.

10298

Registrar's No.

93

Registration District No. 1085

Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Mudlenberg
(b) City or town Russel
(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 Kentucky (b) County Mudlenberg
(c) City or town Russel
(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 William Thomas Mitchell

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 Mary Mitchell6(c) Age of husband or wife if alive 72 Years7. Birth date of deceased Sept. 19 1864
(Month) (Day) (Year)8. AGE: Years 79 Months 6 Days 22 If less than one day hr. _____ min. _____9. Birthplace Mudlenberg County, Ky.10. Usual occupation Farmer

11. Industry or business _____

FATHER { 12. Name William Thomas Mitchell13. Birthplace TennesseeMOTHER { 14. Maiden name Blair & Luce15. Birthplace " "16(a) Informant's own signature Louis Mitchell(b) Address 108 Lyle Ave Nashville Tenn

17. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cemetery Date Apr. 12, 194418(a) Signature of funeral director Parson & Washburne(b) Address Beech Creek. Ky.19(a) 4-22-44 (Date received by local registrar) (b) Jane E. Louelle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 194421. I hereby certify that I attended the deceased from April 10 1944 to April 10 1944, that I last saw him alive on April 10 1944, and that death occurred on the date stated above at 7 P. M.

Immediate cause of death _____

DURATION

cerebral hemorrhage

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 83A

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? _____

(a) Means of injury _____

23. Signature L. G. Argabrite M.D. (M. D. or other)Address Greenville, Ky. Date signed 4/12/44