

COMMONWEALTH OF KENTUCKY

State File No.

20119

Registrar's No.

229

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1085 Primary Registration District No. 7511

I. PLACE OF DEATH:

(a) County Mullensberg
(b) City or town Becherer
(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)3(a) FULL NAME Walter Tayer Michon3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____4. Sex Female 5. Color or race White 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 _____
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days _____
If less than one day _____ hr. _____ min.9. Birthplace Mullensberg Co.10. Usual occupation Teacher

11. Industry or business _____

FATHER { 12. Name Robert M. Michon13. Birthplace MullensbergMOTHER { 14. Maiden name Willie Mae Meriman15. Birthplace Logan Co16(a) Informant's own signature William Michon(b) Address Becherer, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Jackson B. Co. Date July 18, 194018(a) Signature of funeral director Perdue & Gay(b) Address Summit St19(a) July 23, 1940 (Date received by local registrar) (b) James Carter (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Mullensberg
(c) City or town Becherer Michon
(If outside city or town limits, write RURAL)(d) Street No. _____
(If rural, the precinct)

(e) If foreign born, _____ U.S. _____ years

DELAY

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1940
21. I hereby certify that I attended the deceased from July 17, 1940
to July 17, 1940 and that I last saw her alive on
stated above at 10:25 a.m.

Immediate cause of death _____

Atelectasis

Due to _____

Pneumonia

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? _____ (e) Means of injury 75182. Signature W.F. Richardson (M.D. or other)
Address Becherer Date signed July 17, 1940

DURATION

4 1/2

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.