

19346  
 Registrars No. 210

Form V. 8. 1-A

FEDERAL SECURITY AGENCY  
 U. S. PUBLIC HEALTH SERVICE  
 NATIONAL OFFICE VITAL STATISTICS

**DELA** COMMONWEALTH OF KENTUCKY  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:  
 (a) County Muhlenberg Ky  
 (b) City or town Central City Ky  
 (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 \_\_\_\_\_  
 (year, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Ky (b) County Rural  
 (c) City or town Rural  
 (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 Alfred Morris

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of hair White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Josephine Tooley

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

7. Birth date of deceased \_\_\_\_\_  
 (Month) (Day) (Year)

8. AGE: 60 Years 6 Months 18 Days If less than one day hr. min.

9. Birthplace Muhlenberg Co. Ky.

10. Usual occupation miner

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

FATHER 12. Name Allen Morris

13. Birthplace Ky

MOTHER 14. Maiden name Lara Elizabeth Niffenberger

15. Birthplace Ky

16(a) Informant's own signature Alfred Morris

(b) Address Central City Ky.

17. BURIAL, CREMATION, OR REMOVAL  
 Place Coleman Date Aug 15 1948

18(a) Signature of funeral director Frank J. ...

(b) Address Central City Ky.

19(a) 9-1-1948 (Date received by local registrar) Anna L. ... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1948

21. I hereby certify that I attended the deceased from Aug. 13 1948 to Aug. 14 1948, that I last saw him alive on Aug. 13 1948, and that death occurred on the date stated above at 8 A. M.

Immediate cause of death Cerebral Lesion

disease

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

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

Major findings: \_\_\_\_\_  
 Of operations 94A

or 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 J. P. Walton M.D. (M. D. or other)  
Central City Ky. Date signed Aug 30 48

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.

7198  
 9-17