

MARGIN RESERVED FOR BINDING

F. B. — WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHISIANS 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. **31185**
Registrar's No. **700**

Registration District No. **1085** Primary Registration District No. **7496**

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town CENTRAL CITY Ky (Rural)
(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 Muhlenberg
(c) City or town ROUTE 1 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.? _____ years

3(a) FULL NAME Eck Morris

3(b) If veteran, _____ 3(c) _____
Name war _____

4. Sex M 5. Color or race white 6(a) Single, widowed, married, divorced Married

5(b) Name of husband or wife LILLY MORRIS

6(c) Age of husband or wife if alive 37 Years

7. Birth date of deceased 3 (Month) 1892 (Year)

8. AGE: Years 47 Months _____ Days _____ If less than one day _____

9. Birthplace KENTUCKY

10. Usual occupation COAL MINER + W.P.A.

11. Industry or business COAL MINES

FATHER { 12. Name UNKNOWN

13. Birthplace Kentucky

MOTHER { 14. Maiden name UNKNOWN

15. Birthplace Kentucky

16(a) Informant's own signature Raymond Morris

(b) Address Route 101 Central City

17. BURIAL, CREMATION, OR REMOVAL
Place Spelman bury Date 12-5- 1939

18(a) Signature of funeral director J. G. Anderson

(b) Address Central City Ky

19(a) Dec. 5, 1939 (Date received by local registrar) (b) James Dates (Registrar's signature)

MEDICAL CERTIFICATION

DATE OF DEATH December 4th 1939

21. I hereby certify that I attended the deceased from _____ 19 _____
to _____ 19 _____, that I last saw him alive on _____ 19 _____, and that death occurred on the date stated above at _____ M.

Immediate cause of death _____

Due to apoplexy

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? Public Place

(Specify type of place)

While at work? yes (e) Means of injury _____

23. Signature Everard Bryan acting coroner
(M. D. or other)

Address Central City, Ky Date signed 12-5-39