

Registration District No. 1085Primary Registration District No. 7509

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Bernal
(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 Muhl
(c) City or town Bernal
(If outside city or town limits write RURAL)(d) Street No. Rosewood
(If rural give precinct)

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

3(a) FULL NAME Samuel B. Morris3(b) If veteran,

3(c) Social Security

Name war _____ No. _____

4. Sex M5. Color or race W6(a) Single, widowed, married, divorced ✓

5(b) Name of husband or wife _____

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

7. Birth date of deceased aug 8
(Month) (Day) (Year)8. AGE: 37 Years Months _____ If less than one day _____ hr. _____ min.7. Birthplace Ky10. Usual occupation Farming

11. Industry or business _____

12. Name Richard A. Morris13. Birthplace Ky14. Maiden name Don't know

15. Birthplace _____

16(a) Informant's own signature John C Morris(b) Address Greenville Ky R.F.D. 2

17. BURIAL, CREMATION, OR REMOVAL

Place Caldwell B. Co. Date 2-26, 194218(a) Signature of funeral director Carroll & Gary(b) Address Greenville Ky19(a) 2-26-42 (Date received by local registrar) (b) Jane Howell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-24 194221. 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 3:30 P 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 2-24-42(c) Where did injury occur? In or about home, on farm, in industrial place in public place? On Farm
(Specify type of place)While at work? No (e) Means of injury _____23. Signature J. B. Tucker (M. D. or other)Address Central City Ky Date signed 2-24-42

B. WRITE PLAINLY WITH WRITING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING