

DELAY

Form V. R. 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. 4956
Registrar's No. 29Registration District No. 1085Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville, Kentucky
(c) Name of hospital or institution: Muhlenberg County Community Hospital
(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 Central City
(d) Street No. 210 North Third Street
(e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME

Claude Lee Myers

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Sex Male5. Color White6(a) Single, widowed, married, divorced Married6(b) Name of husband or wife Mrs. Lee Tichenor6(c) Age of husband or wife if alive Born June 6, 1882 Years7. Birth date of deceased July 13, 1878
(Month) (Day) (Year)8. AGE: Years 67 Months 6 Days 18
If less than one day hr. _____ min.9. Birthplace Ohio County, Kentucky10. Usual occupation Electrician Bevier-Lam Co.11. Industry or business Coal CompanyFATHER { 12. Name Dennis D. Myers
13. Birthplace Ohio County, KentuckyMOTHER { 14. Maiden name Elizabeth Bishop
15. Birthplace Ohio County, Kentucky16(a) Informant's own signature Mrs. J. B. Garner
Central City, Kentucky

(b) Address _____

17. Date of death Jan 2nd, 194618(a) Signature of _____
(b) Address Central City, Kentucky19(a) 1/2/1946
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

January 120. DATE OF DEATH January 1 19 4621. I hereby certify that I attended the deceased from Dec. 27 19 45
to Jan. 1st, 1946 that I last saw him alive at
December 31st 19 45 and that death occurred on the date
stated above at 1:00 P M.Immediate cause of death Lobar Pneumonia

DURATION

Due to _____

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

Major findings:

Of operations 108

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? _____ (d) Means of injury _____23. Signature O. K. Crawford
Address Central City, Ky Date signed Jan 2, 1946

M. 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.

MARGIN RESERVED FOR ENDING

1 epc / 9039 / 9/2/54