

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form V. S. 2-A

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

8238

File no. _____

Registered No. 92

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. _____
Inc. Town Central City
City _____

Registration District No. 1085

Primary Registration District No. 2435

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Jess Hall IF VETERAN, WHAT WAR? _____

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. Single, Married, Widowed
Married (Divorced (write the word))

5a. If married, widowed, or divorced
HUSBAND of Mable Hall
WIFE of _____

6. DATE OF BIRTH Dec 17 - 1904

7. AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
33 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bark, etc. ✓
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE _____

FATHER 13. NAME E. C. Hall

14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Cary C. Thomas

16. BIRTHPLACE _____

17. INFORMANT Mrs Jess Hall
(Address) Sacramento Ky.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacramento Ky 3-9 39

19. UNDERTAKER J. B. Thomas & Son
(Address) Sacramento Ky.

20. FILED 3-17 19 39 James Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3-8 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-16 1939 to 2-16 1939
I last saw him alive on 2-16 1939 death is said to have occurred on the date stated above, at 6:15 PM
The principal cause of death and related causes of importance in order of onset were as follows:

Myocarditis
Date of onset _____
Contributory causes of importance not related to principal cause: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. G. Crowder M. D.
(Address) Central City Ky.