

21052

Form V. R. 1-A

COMMONWEALTH OF KENTUCKY

State File No. _____

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICSRegistrar's No. 240

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Martin
(b) City or town Madison, Ky
(c) Name of hospital or institution:
(If not in hospital or institution write street number or location)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Martin
(c) City or town Madison, Ky
(If outside city or town limits, write RURAL)

(d) Street No. _____ (If rural give precinct)

(d) Length of stay: In hospital or community _____
(years, months or days)

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

3(a) FULL NAME Urick Newton

3(b) If veteran, _____

(c) Social Security No. _____

Name war _____ No. _____

4. Male 5. White 6(a) Married
divorced _____6(b) Name of husband or wife Galdie Fowler

6(c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 6, 1905
(Month) (Day) (Year)8. AGE: Years 39 Months 6 Days 19
If less than one day hr. _____ min.9. Birthplace Ky10. Usual occupation Miner

11. Industry or business _____

FATHER { 12. Name J. D. Newton13. Birthplace KyMOTHER { 14. Maiden name Lizie Adison15. Birthplace Ky16(a) Informant's own signature John D. Newton(b) Address Central City, Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Wilson Creek Date 9-27-4418(a) Signature of funeral director Howard H. Harkins(b) Address Central City, Ky19(a) 9-30-1944 (Date received by local registrar)

(Registrar's signature)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1944

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 2:00 P. M.

Immediate cause of death _____ DURATION _____

Fractured skullDue to Motor car collision withBlack Diamond Mine No 3Other conditions Madison, Ky

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations 174

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident(b) Date of occurrence Sept 25, 1944

(c) Where did injury occur? in or about home, on farm, in industrial place, in public

place? In Black Diamond Mine No 3

(Specify type of place)

While at work? yes (e) Means of injury _____23. Signature Howard H. HarkinsAddress Greenwell, Ky Date signed Sept 25, 1944

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.

PROPERTY RESERVED FOR BINDING