

28083

State File No. \_\_\_\_\_  
Registrar's No. 280

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

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1055 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Mitchell  
(b) City or town Central City  
(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. RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Highland  
(c) City or town Central City  
(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 Nora Jane Nichols  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race Colored 6(a) Single, widowed, married, divorced Married  
6(b) Name of husband or wife Johnie Nichols  
6(c) Age of husband or wife if alive 42 Years  
7. Birth date of deceased June 4 1907  
(Month) (Day) (Year)  
8. AGE: Years 36 Months 5 Days 10  
If less than one day hr. \_\_\_\_\_ min.

MEDICAL CERTIFICATION  
20. DATE OF DEATH 11-14-1943  
21. I hereby certify that I attended the deceased from 10-14-1943 to 11-14-1943 that I last saw him alive on 10-14-1943 and that death occurred on the date stated above at 11:00 M.

Immediate cause of death Myocardia DURATION \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Tenn.  
10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
FATHER { 12. Name Lewis Northington  
13. Birthplace Tenn.  
MOTHER { 14. Maiden name Don't know  
15. Birthplace Tenn.

Major findings: 93 B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16(a) Informant's own signature Johnie Nichols  
(b) Address Browning Camp, Ky  
17. BURIAL, CREMATION, OR REMOVAL  
Place Madisonville Ky Date Nov. 18, 1943  
18(a) Signature of funeral director Richard Buckner  
(b) Address Madisonville Ky  
19(a) November 14, 1943 (Date received by local registrar)  
[Signature] (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. G. Crumley (M. D. or other)  
Address Central City, Ky Date signed 11-14-1943

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.