

Walton 15640

State File No. _____
Registrar's No. 164

DELAY

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

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

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.

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Bremen, Ky.
(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: _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County _____
(c) City or town _____
(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 John Thomas Nickell

3(b) If veteran, Name War _____ 3(c) Social Security No. _____

4. Color White 5(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Mattie Shover

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

7. Birth date of deceased March 31, 1864
(Month) (Day) (Year)

8. AGE: 57 Years 1 Months 13 Days If less than one day hr. min.

9. Birthplace Ky.

10. Usual occupation Retired Farmer

11. Industry or business _____

FATHER { 12. Name John R. Nickello

13. Birthplace Ky.

MOTHER { 14. Maiden name May Francis Mitchell

15. Birthplace Ky.

16(a) Informant's own name John Nickello

(b) Address Bremen, Ky.

17. BURIAL, CREMATION, OR REMOVAL La Cangelton Date 5-17-45

18(a) Signature of funeral home W. H. Horn

(b) Address Central City, Ky.

19(a) June 2, 1945 (Date received by local registrar)

W. H. Horn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1945

21. I hereby certify that I attended the deceased from Nov 1 1944 to 5-14 1945, and that death occurred on the date stated above at 11:15 A.M.

Immediate cause of death Acute Coronary Distention

Due to Chronic endocarditis

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

Major findings: _____

Of operations _____
Of autopsy 2 CPC / 5817-18 / 9-12-45

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? _____ (a) Means of injury _____

23. Signature J. P. Walton M.D. (M. D. or other)

Address Central City Date signed June 16-45