

COMMONWEALTH OF KENTUCKY

State File No.

Registrar's No.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1085 Primary Registration District No. 7478

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town _____
(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. USUAL RESIDENCE OF DECEASED:

(a) State 157 (b) County Muhlenberg
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct) Deary
(e) If foreign born, how long in U. S. A. ? _____ years3(a) FULL NAME Lillie Mae Oates

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced married

5(b) Name of husband or wife _____

5(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Oct 26 1874
(Month) (Day) (Year)8. AGE: Years 66 Months 4 Days 15 If less than one day hr. min.9. Birthplace Muhlenberg10. Usual occupation House work

11. Industry or business _____

12. Name Willross Adkins13. Birthplace 15714. Maiden name Dont know15. Birthplace Dont know16(a) Informant's own signature A. J. Spurlin(b) Address Deary 157 B 1

17. BURIAL, CREMATION, OR REMOVAL

Place Parsons R 4 Date 2-13 194018(a) Signature of funeral director Parker & Gary(b) Address Greenville 15719(a) Feb. 19, 1940 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 194021. I hereby certify that I attended the deceased from Sept 10 1940 that I last saw her alive on Sept 10 1940 and that death occurred on the date stated above at 9:30 P.M.Immediate cause of death arteriosclerosis

DURATION

Due to 97

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

Major findings: _____

Of operations _____

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? _____ (a) Means of injury 661723. Signature L. P. Moore M.D. (M. D. or other)Address: Greenville, Ky Date signed Feb 17-40

Moore

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH U.S. GOVERNMENT PRINTING 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.