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20073

Form V. S. 1-A

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

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF DEATH

County Washington

Vet. Post None

Inc. Town \_\_\_\_\_

City \_\_\_\_\_

Registration District No. 1090

Primary Registration District No. 2439

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

2. FULL NAME John B. Oglesby

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If non-resident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widower

21. DATE OF DEATH Nov. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1937

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

I last saw h alive on \_\_\_\_\_, 1937 death is said to have occurred on the date stated above, at 9 a. de m. The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH Feb. 17 - 1845

7. AGE 92 Years 8 Months 28 Days If LESS than 1 day.....hrs. or.....min.

Probable cause of death mitral Regurgitation Date of onset \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. War Veteran

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

Contributory causes of importance not related to principal cause: \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Not known

13. NAME John B. Oglesby

14. BIRTHPLACE Virginia

15. MAIDEN NAME Betsy Conroy

16. BIRTHPLACE Virginia

17. INFORMANT George W. Oglesby

(Address) W. Emma St. 14

18. BURIAL, CREMATION, OR REMOVAL

Place Haystack Date Nov. 16, 1937

19. UNDERTAKER H. C. Hargreaves

(Address) Louisburg, Ky.

20. FILED Nov 15, 1937

Mrs. B. S. Craycraft

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 \_\_\_\_\_ 1937

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? No If so, specify \_\_\_\_\_

(Signed) W. S. ..., M. D.

(Address) Louisburg

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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING