Form V. S. 1-A

24700

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS

State File No. _____

Registrar's No. _319_

CERTIFICATE OF DEATH

Registration District No. _1085_   Primary Registration District No. _7471_

1. PLACE OF DEATH:
(a) County _Muhlenburg._
(b) City or town _Luzerne_
   (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 _Ky._   (b) County _Muhlenburg_
(c) City or town _Luzerne_
   (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.? _____

3(a) FULL NAME _Johnie Ray Oglesby._
3(b) If veteran, Name war _____   3(c) Social Security No. _____
4. Sex _male_   5. Color or race _White_   6(a) Single, widowed, married, divorced _____
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased _Dec_ _22_ _1945_
   (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _14_   If less than one day hr. _____ min. _____

9. Birthplace _Muhlenburg. Co._
10. Usual occupation _____
11. Industry or business _____

FATHER
12. Name _Glendle Oglesby._
13. Birthplace _Hopkins Co._

MOTHER
14. Maiden name _Cleo Hall._
15. Birthplace _Muhlenburg Co._

16(a) Informant's own signature _Glendle Oglesby_
(b) Address _Luzerne, Ky._
17. BURIAL, CREMATION, OR REMOVAL
   Place _Nebo._   Date _Nov. 15_ 1946
18(a) Signature of funeral director _J. Irvin Gary._
(b) Address _Greenville, Ky._
19(a) _11-15-46_   (b) _Marjorie Hodge_
   (Date received by local registrar)   (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH _Nov. 14_ 1946
21. I hereby certify that I attended the deceased from _Nov. 8_ 1946
to _Nov. 19_ 1946. that I last saw him alive on _Nov. 19_ 1946 and that death occurred on the date stated above at _8.00 a_ M.
Immediate cause of death _Broncho Pneumonia_

	DURATION
Due to _____	
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? _____   (e) Means of injury _____
23. Signature _E R Gate_
Address _Greenville Ky_   (M. D. or other)   Date signed _Nov. 15-46_