

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.

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

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

City State File No. 28086
Register's No. 309

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH
(a) County Morgan
(b) City or town Central City Rural
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

2. USUAL RESIDENCE OF DECEASED:
(a) State Ty. (b) County Muhl.
(c) City or town Central City R. 4
(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

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

3(a) FULL NAME Nancy Bell Perry

3(b) If veteran, _____ 3(c) Social Security _____

Name was _____ Sex Female 4(a) Single, Married, divorced _____

6(b) Name of husband or wife Burl Perry

6(c) Age of husband or wife 26 years

7. Birth date of deceased April 26 1875
(Day) (Year)

8. AGE: 68 years 23 hr. min. If less than one day

9. Birthplace Ty.

10. Usual occupation

11. Industry or business

FATHER { 12. Name James Whitehouse

13. Birthplace Ty.

MOTHER { 14. Maiden name Jane Holland

15. Birthplace Ty.

16(a) Informant's own signature Henry Dupes

(b) Address Central City Ky R. 4

17. BURIAL, CREMATION, OR OTHER
Place Chapel Date Dec 19 1943

18(a) Signature of informant Anna R. Bradford

(b) Address Central City Ky.

19(a) December 23, 1943 (Date received by local registrar) (b) Anna R. Bradford (Registrar's signature)

20. DATE OF DEATH Dec 17 1943
21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on _____ 19____, and that death occurred on the date stated above, at 9: P M.

Immediate cause of death Died suddenly
I did not see this
Due to Acad.
Don't know
cause

DURATION

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 _____

23. Signature J. S. Fitzhugh (M. D. or other)
Address Central City Ky. Date signed 12-18-43