

27527

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS

Registrar's No.

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2406

1. PLACE OF DEATH:

- (a) County Madison
 (b) City or town Central City
 (c) Name of hospital or institution: _____
 (If outside city or town limits, write RURAL)

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

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kentucky (b) County Madison
 (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

Christopher L. Phelps

3(b) If veteran,

3(c) Social Security

Name war _____

No. _____

4. Sex M

5. Color

W

6(a) Single, widowed, married,

W

divorced

Married

6(b) Name of husband or wife _____

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

7. Birth date of deceased March 5 1864

(Month)

(Day)

(Year)

8. AGE:

Years 77Months 8Days 17

If less than one day

hr. _____

min. _____

9. Birthplace Kentucky10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Amber13. Birthplace "14. Maiden name "15. Birthplace "16(a) Informant's own signature Jim Phelps(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL

Place GravesideDate 11-23-1941

1941

18(a) Signature of funeral director L. J. Anderson(b) Address Central City Ky19(a) 12-8-41

(Date received by local registrar)

(b) J. A. Sowell

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1941

21. I hereby certify that I attended the deceased from March 1941
 to Nov 22 1941, that I last saw him live on
Nov 21 - 1941, and that death occurred on the date
 stated above at 9:30 A.M.

Immediate cause of death

Arteriosclerosis
(heart)

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 J. A. Sowell

(M. D. or other)

Address Central City KyDate signed 11/23-41

DURATION

Sound
eyes

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 it may be properly classified. Exact statement of OCCUPATION is very important.