

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

State File No. \_\_\_\_\_  
Registrar's No. 347  
27529

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Central City Ky  
(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 Muhlenberg  
(c) City or town Central City Ky  
(If outside city or town limits, write RURAL)  
(d) Street No. DELAIR  
(e) If foreign born, how long in \_\_\_\_\_ years

3(a) FULL NAME Lindel Wayne Piper  
3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_ No. \_\_\_\_\_  
4. Sex Male 5. Color or race W 6(a) Single, widowed, married, divorced S.  
6(b) Name of husband or wife \_\_\_\_\_  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased April 10 - 1938  
(Month) (Day) (Year)  
8. AGE: Year 3 Months 6 Day 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Ky  
10. Usual occupation \_\_\_\_\_

MEDICAL CERTIFICATE  
20. DATE OF DEATH 10-23 1941  
21. I hereby certify that I attended the deceased 1-20 1941  
to 10-23 1941, that I last saw her alive on 10-20-41, and that death occurred on the date stated above at 11:45 A.M.

Immediate cause of death Empyema  
Due to Influenza  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

DURATION: 2 weeks

11. Industry or business \_\_\_\_\_  
FATHER { 12. Name Lonnie Piper Ky  
13. Birthplace \_\_\_\_\_  
MOTHER { 14. Maiden name Willie Lou Vonder Ky  
15. Birthplace \_\_\_\_\_

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)

16(a) Informant's own signature Lonnie Piper  
(b) Address Central City Ky  
17. BURIAL, CREMATION OR REMOVAL  
Place Fick Cemetery date 10-24-41  
18(a) Signature of funeral director Fick Funeral Home  
(b) Address Central City Ky  
19(a) November 14, 1941 (Date received by local registrar) (b) D. L. Bradford (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature D. L. Bradford (M. D. or other)  
Address Central City Ky Date signed \_\_\_\_\_

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PEASANTS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.