

Fitz
 File No. 13355
 Registrar's No. 117

Form V. R. 1-A
 DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
COMMONWEALTH OF KENTUCKY
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH
 (a) County Muhlenberg
 (b) City or town Central City, Ky. R#2
 (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 Mahl
 (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 Wanda Sue Piper
 3(b) If veteran, Name war _____
 3(c) Social Security No. _____
 4. Sex Female 5. Color or White 6(a) Single, widowed, married, divorced S.

20. DATE OF DEATH May 13 1946
 21. I hereby certify that I attended the deceased from May 8 1945 to May 13 1946 that I last saw him alive on _____ 19____, and that death occurred on the date stated above at 2:45 P. M.

6(b) Name of husband or wife _____
 6(c) Age of husband or wife (Months) (Day) (Year) _____
 7. Birth date of deceased May 1 - 1944
 (Month) (Day) (Year)
 8. AGE: Years 1 Months _____ Days 13 If less than one day hr. min.

Immediate cause of death Bronchial pneumonia DURATION 2 weeks
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

9. Birthplace Ky.
 10. Usual occupation _____
 11. Industry or business _____
 FATHER { 12. Name Lornia Piper
 13. Birthplace Ky
 MOTHER { 14. Maiden name Willdean Vanover
 15. Birthplace Ky

Major findings: 107
 • Of operations _____
 Of autopsy _____

16(a) Informant's own signature Lornia Piper
 (b) Address Central City, Ky. R#2

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)

17. BURIAL, CREMATION OR REMOVAL
 Place Dush Date 5-14-46
 18(a) Signature Wanda Sue Piper
 (b) Address Central City, Ky.
 19(a) 6-6-1945 Anna O. Blankenship
 (Date received by local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
 23. Signature J. P. Fitzhugh (M. D. or other)
 Address Central City, Ky. Date signed 6-4-46

MARGIN RESERVED FOR BINDING

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.