

DELAY

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

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

State File No. 4957
Registrar's No. 33

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Madison
(b) City or town 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 _____
(year, month or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Madison
(c) City or town Rural Central Ky
(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 Viola Peyer

3(b) If veteran, Name war _____ 3(c) Social Security No. _____

4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife _____

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

7. Birth date of deceased April 2 1876
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14 If less than one day hr. _____ min.

9. Birthplace Alabama

10. Usual occupation House wife

11. Industry or business _____

FATHER 12. Name John H. Peyer

13. Birthplace Ala.

MOTHER 14. Maiden name Edley Fielder

15. Birthplace Ala.

16(a) Informant's own signature Viola Peyer

(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill Cemetery Date 1-22-1946

18(a) Signature of funeral director J. J. Anderson

(b) Address Central City Ky

19(a) 2-5-46 (Date received by local registrar) (b) Margaret Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1946
21. I hereby certify that I attended the deceased from Jan 12 1946 to Jan 21 1946 that I last saw him alive on Jan 21 1946 and that death occurred on the date stated above at 5:30 P M.

Immediate cause of death Tuberc Pneumonia DURATION _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations 108

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 C. G. Howland (M. D. or other)

Address Central City Ky Date signed 1-22-46

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.

MARGIN RESERVED FOR FINDING