

Harlan 12581

COMMONWEALTH OF KENTUCKY

State File No. _____
Registrar's No. 141

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

Department of Health
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 Powderly 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 Muhl
(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 Sam Columbus Pointer

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

Name war _____

4. Male 5. Color White 6(a) Married
Single, widowed, married, divorced

6(b) Name of husband Annulara Pointer

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

7. Birth date of deceased 1879 - April 15
(Month) (Day) (Year)

8. AGE: 65 Years 1 Months 9 Days less than one day
hr. _____ min.

9. Birthplace Ky

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name William Pointer

13. Birthplace _____

MOTHER { 14. Name Louisa Raley

15. Birthplace Ky

16(a) Sam Pointer

(b) Address Powderly, Ky

17. BURIAL, CREMATION OR REMOVAL

Place Bluff Date 5-25 1944

18(a) Signature of funeral director Wacker Funeral Home

(b) Address Central City, Ky

19(a) May 31 - 1944 (Date received by local registrar)
Wacker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1944

21. I hereby certify that I attended the deceased from 5-20 1944

to 5-27 1944 that I last saw him alive on

5-27-44 and that death occurred on the date

stated above at 1 A M.

Immediate cause of death Cerebral hemorrhage

DURATION
5 days

Due to Arterio Sclerosis

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. H. Skene (M. D. or other)

Address Central City Ky Date signed 5-25-44

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.