

26202

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. _____

PLACE OF DEATH

County Muhlenberg

Vot. Pct. Greenville

Registration District No. 1093

Inc. Town Jamez

Primary Registration District No. 2436

City 2 (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

P. FULL NAME Dr. J. P. Crowe

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OF RACE W 5. Single, Married, Widowed or Divorced (write the word) Married

21. DATE OF DEATH Oct 29, 1934

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

22. I HEREBY CERTIFY, That I attended deceased from 10-24-34, 1934 to 10-29, 1934.
I last saw him alive on 10-22, 1934. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH Jan 22, 1851

Prostration Date of onset _____
Hypertensive Heart Disease

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
83 9 7

Mania 9-2-102

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jamming

Contributory causes of importance not related to principal cause:
Senility

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.

FATHER 13. NAME George Crowe

14. BIRTHPLACE Ky.

MOTHER 15. MAIDEN NAME Polley Wells

16. BIRTHPLACE Ky.

17. INFORMANT George O. Crowe

(Address) Newton Dix

18. BURIED, CREMATION, OR REMOVAL Crowe Date 10/30 1934

19. UNDERTAKER Greenville Funeral Home

(Address) Greenville, Ky.

20. FILED 10-30, 1934 R. P. Dangler Registrar

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Bartholomew Simpson, M. D.
(Address) Greenville, Ky.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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. See instructions on back of certificate.