

15354

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File no. \_\_\_\_\_

Registered No. 55

## 1. PLACE OF DEATH

County MuhlenbergVot. Precinct PowderlyIncl. Town Powderly

City \_\_\_\_\_

Registration District No. 1093Primary Registration District No. 6829(No. 2 in Greenville Hoop Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME James Edward Putman VETERAN, WHAT WAR? \_\_\_\_\_(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

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced, (write the word) Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH Jan 23 19197. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
19 4

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenberg Co.13. NAME Louise Putman14. BIRTHPLACE Hopkins Co.15. MAIDEN NAME Nirva Stanley16. BIRTHPLACE Muhlenberg Co.17. INFORMANT Blara Putman(Address) Monticello, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place cremated Date 6-21, 193819. UNDERTAKER Partner & Berry(Address) Greenville 13720. FILED 6-27-38 R. P. Coulter Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 20, 193822. I HEREBY CERTIFY, That I attended deceased from 6-19, 1938 to 6-20-38I last saw ~~him~~ her alive on 6-20, 1938 death is said to have occurred on the date stated above, at 5:50 PM. The principal cause of death and related causes of importance in order of onset were as follows:Fractured Skull & Brain Date of onset \_\_\_\_\_  
laceratedFractured rt leg.  
Shock

Contributory causes of importance not related to principal cause:

Name of operation Spinal Tap Date of 6-19-38What test confirmed diagnosis? I Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 1938

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 Ran down by motor carNature of injury to skull etc

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

(Signed) Donald Stump M. D.(Address) Greenville, KyMARGIN 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. See instructions on back of certificate.