

21148

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 259

1. PLACE OF DEATH
County Muhlenberg

Vet. Pct. _____

Registration District No. 1085
Primary Registration District No. 2435

Inc. Town _____

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

2. FULL NAME Louis G. Gursenbury

(a) Residence. No. 408 North 7th St. St. _____ Ward _____
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred 36 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 Colored 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced, name of HUSBAND of Albert Gursenbury

6. DATE OF BIRTH April 10 1869

7. AGE 70 Years Months Days If LESS than 1 day.....hrs. or.....min.

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

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

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

12. BIRTHPLACE Don't know

13. NAME George Gursenbury

14. BIRTHPLACE Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE ?

17. INFORMANT James Carter
(Address) Central City

18. BURIAL, CREMATION, OR REMOVAL
Place Chate Date Aug. 3, 1939

19. UNDERTAKER August B. Elliott
(Address) Brewster Kentucky

20. FILED Aug. 3, 1939 James Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 1, 1939

22. HEREBY CERTIFY, That I attended deceased from July 25, 1939 to Aug 1, 1939. I last saw him alive on July 25, 1939, death is said to have occurred on the date stated above, at 10:30 a. m. The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis heart Date of onset years ago.

Contributory causes of importance not related to principal cause: _____

Name of operation _____ 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) J. G. Gursenbury M. D.
(Address) Central City Ky

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. PHYSICIAN 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.