

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'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

5284

Registrar's No.

54

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH: Home
(a) County Muhlenberg
(b) City or town Central City
(If outside city or town limits, write 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 2
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Muhlenberg
(c) City or town Central City
(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 Nancy Ginsbury

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

4. Sex Female 5. Color Redhead 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____

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

7. Birth date of deceased 2 15 1940
(Month) (Day) (Year)

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

9. Birthplace Muhlenberg

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Bertie Ginsbury

13. Birthplace Muhlenberg

14. Maiden name Lucile Carter

15. Birthplace Muhlenberg

16(a) Informant's own signature Bertie Ginsbury

(b) Address Central City

17. BURIAL, CREMATION, OR REMOVAL
Place Powderly Pk. Date 2/18 1940

18(a) Signature of funeral director James Dated

(b) Address 2 Greenville Pk.

19(a) Feb. 27 1940 (Date received by local registrar) (b) James Dated (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 17 - 1940

21. I hereby certify that I attended the deceased from Feb 15 1940 to Feb 17 1940, that I last saw him alive on Feb 17 1940, and that death occurred on the date stated above at 12:30 P M.

Immediate cause of death hemorrhage from
arteriosclerosis

DURATION
2 days

Due to 1612

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 4642

23. Signature J. D. ...

Address Central City (M. D. or other) Date signed 2-19-40