

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.

Form 7, 2-1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. 10299
Registrar's No. 103

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Mechlenberg
(b) City or town Rural
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Mechlen
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. Deputy
(If rural give precinct)
(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Amelia Ann Scott

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

4. Sex Female 5. Color or race W 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Alex Scott

6(c) Age of husband or wife if alive 82 years

7. Birth date of deceased April 29 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 16 Days 29 If less than one day hr. _____ min.

9. Birthplace Mechlenberg

10. Usual occupation at home 8

11. Industry or business _____

FATHER { 12. Name Eliza Richies

13. Birthplace Ky

MOTHER { 14. Maiden name Emilia Dummie

15. Birthplace Ky

16(a) Informant's own signature Alex Scott

(b) Address Deputy R. 1

17. BURIAL, CREMATION, OR REMOVAL

Place Verona Burial Date Apr 28 1944

18(a) Signature of funeral director Ray's Funeral

(b) Address Greenville Ky

19(a) May 3 1944 (Date received by local registrar) (b) Jane P. Lovell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1944

21. I hereby certify that I attended the deceased from Jan 1 1942 to April 27 1944, that I last saw him alive on April 25 1944 and that death occurred on the date stated above at 8:30 A. M.

Immediate cause of death _____ DURATION _____

Chronic Pulmonary
Bronchitis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
Of operations 13 B

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? _____ (a) Means of injury _____

23. Signature L. G. Trgabrite, M.D. (M. D. or other)

Address Greenville, Ky Date signed 4/28/44

arg