

Form V. S. 1-A

## COMMONWEALTH OF KENTUCKY

Form 5710 No.

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

Department of Health  
BUREAU OF VITAL STATISTICS

Registrar's No. 106

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7471

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Rural Greenville  
(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 Muhlenberg  
(c) City or town Greenville  
(If outside city or town limits, write RURAL)  
(d) Street No. Rural R #1  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Alexander Scott

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex male 5. Color white 6(a) Single, widowed, married, divorced widowed

6(b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Oct 8  
(Month) (Day) (Year)8. AGE: 86 Years Months Days If less than one day hr. min.9. Birthplace Edmonson Co.10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

FATHER 12. Name Dont Trow

13. Birthplace " " "

MOTHER 14. Maiden name " " "

15. Birthplace " " "

16(a) Informant's own signature Horton Scott(b) Address Whiteplains Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Normal Home Date April 3, 194818(a) Signature of funeral director Mary's Funeral Home(b) Address Greenville Ky.19(a) 4-14-48 (Date received by local registrar) (b) Margaret Dulge (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1948  
21. I hereby certify that I attended the deceased from Jan 1945 to Apr 2, 1948, that I last saw him alive on Apr 1, 1948, and that death occurred on the date stated above at 9 A.M.

Immediate cause of death: Acute Parenchymatous Nephritis DURATION 5 days  
Due to severe burn over head and face and arms and hands  
Other conditions Chronic Myocarditis  
(Include pregnancy within 5 months of death)

Major findings:

Of operations 175C-93D

Of autopsy \_\_\_\_\_

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 2nd degree burn(b) Date of occurrence Mar 25-1948(c) Where did injury occur? in or about home, on farm, in industrial place, in public place on farm  
Specify type of plant burning brushWhile at work? no (a) Name of injury \_\_\_\_\_23. Signature Clarence Wilson M.D.Address Greenville Ky. Date signed 4/3/48

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.