22372

State File No.

Registrar's No. 278

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

Registration District No. 1085 Primary Registration District No. 2435

N. B.—WRITE PLAINLY WITH LEADING 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.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Muhlenberg
(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 Kentucky (b) County Muhlenberg
(c) City or town Rural (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

DELAY

3(a) FULL NAME Jo Ann Hodgson

3(b) If veteran, Name war

3(c) Social Security No.

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

6(b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 28 (Day) 1939 (Year)

8. AGE: Years 1 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Kentucky

10. Usual occupation

11. Industry or business

FATHER
12. Name Vernon Hodgson
13. Birthplace Kentucky

MOTHER
14. Maiden name Hodgson Stewart
15. Birthplace Kentucky

16(a) Informant's own signature Vernon Hodgson
(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Williams Ferry | Date 8-15- 1940

18(a) Signature of funeral director
(b) Address Central City Ky

19(a) 8-15-40 (Date received by local registrar) (b) James Carter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14th 1940

21. I hereby certify that I attended the deceased from Aug 1 1940 to Aug 14 1940, that I last saw him alive on Aug 14 1940, and that death occurred on the date stated above at 8 15 P M.

Immediate cause of death Colitis | DURATION

Due to

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? (a) Means of injury

23. Signature J. P. Walton M D (M. D. or other)
Address Central City Ky Date signed 8-22-40