

15564

Form V. S. 1-B-50m-11-1-29

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

File No. _____

Registered No. 6

1 PLACE OF DEATH

County Anderson CoVet. Pat. ExpRegistration District No. 1097Inq. Town ReckeshPrimary Registration District No. 2804City _____ (No. _____ St. _____)
(If death occurred in a hospital or institution _____ its _____ (In _____ ward)
(If instead of street and number)2 FULL NAME Vergil H. Shered(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 4 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 White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced

HUSBAND of Sarah Shered
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 48 Months 10 Days 26 If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 212. BIRTHPLACE (city or town) _____ (State or country) Ky13. NAME Had Shered14. BIRTHPLACE (city or town) _____ (State or country) Ky15. MAIDEN NAME Lou Craig16. BIRTHPLACE (city or town) _____ (State or country) Reckesh Ky17. INFORMANT Sarah Shered
(Address) Reckesh Ky18. BURIAL, CREMATION, OR REMOVAL
Place Reckesh Ky Date 3-30-193519. UNDERTAKER J. K. Kinnard
(Address) Reckesh Ky20. FILED Apr 28, 1935 H. D. Gleming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3-29, 193522. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1935 to Mar 29, 1935I last saw him alive on Mar 27, 1935, death is said to have occurred on the date stated above, at 7:29 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:Robert Rammant
1st

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) H. D. Gleming, M. D.(Address) Reckesh Ky

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS 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.

An Phet fill in & mail to local Registrar Ernie's