

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. _____
Registrar's No. 42Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the CensusRegistration District No. 1085 Primary Registration District No. 7478

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE OF DECEASED: | |
| (a) County <u>Muhlenberg</u> | (b) County <u>Muhlenberg</u> | (a) State <u>Ky</u> | (b) County <u>Muhlenberg</u> |
| (b) City or town <u>Rural</u> | (c) City or town <u>Rural</u> | (c) City or town <u>Rural</u> | (If outside city or town limits, write RURAL) |
| (c) Name of hospital or institution: | (d) Street No. <u>Deputy Hwy</u> | (d) Street No. <u>Deputy Hwy</u> | (If rural give precinct) |
| (If not in hospital or institution write street number or location) | (e) If foreign born, how long in U. S. A. _____ years | (e) If foreign born, how long in U. S. A. _____ years | |
| (d) Length of stay: In hospital or community _____ (years, months or days) | | | |
| 3(a) FULL NAME <u>Shirley Jean Sisk</u> | MEDICAL CERTIFICATION | | |
| 3(b) If veteran, _____ | 20. DATE OF DEATH <u>Feb 8 1940</u> | | |
| Name war _____ | 21. I hereby certify that I attended the deceased from <u>Jan 31 1940</u> | | |
| 4. Sex <u>F</u> | 5. Color or race <u>W</u> | 6(a) Single, widowed, married, divorced _____ | to <u>Feb 7 1940</u> , and that death occurred on the date |
| 5(b) Name of husband or wife _____ | | | stated above at <u>6 P.M.</u> |
| 5(c) Age of husband or wife if alive _____ Years | | | Immediate cause of death <u>Promoteure</u> |
| 7. Birth date of deceased <u>Jan 31 1940</u> | | | Due to <u>159</u> |
| (Month) (Day) (Year) | | | |
| 8. AGE: Years _____ Months <u>9</u> If less than one day _____ min. | | | |
| 9. Birthplace <u>Ky</u> | | | |
| 10. Usual occupation _____ | | | |
| 11. Industry or business _____ | | | |
| FATHER | 12. Name <u>Paul Sisk</u> | | |
| | 13. Birthplace <u>Ky</u> | | |
| MOTHER | 14. Maiden name <u>Eva Mae Moore</u> | | |
| | 15. Birthplace <u>Ky</u> | | |
| 16(a) Informant's own signature <u>Paul Sisk</u> | | | |
| (b) Address <u>Greenville Ky R 751</u> | | | |
| 17. BURIAL, CREMATION, OR REMOVAL | | | |
| Place <u>Greenville</u> Date <u>2/9 1940</u> | | | |
| 18(a) Signature of funeral director <u>Greenville</u> | | | |
| (b) Address <u>Greenville Ky</u> | | | |
| 19(a) (Date received by local registrar) <u>Feb 9 1940</u> | (b) (Registrar's signature) <u>E. L. Gater</u> | | |
| | 27. Signature <u>E. L. Gater</u> | | |
| | Address <u>Greenville Ky</u> Date signed <u>2-9-40</u> | | |

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIAN'S NAME should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.