

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 220958Registration District No. 1085Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Rosewood
(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 Rosewood Ky
(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

3(a) FULL NAME E. E. Skipworth

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No. _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Ida Skipworth6(c) Age of husband or wife if alive 54 Years7. Birth date of deceased Nov 11, 1876
(Month) (Day) (Year)8. AGE: Years 66 Months 10 Days 2 If less than one day
hr. _____ min. _____9. Birthplace Muhlenberg Co., Ky.10. Usual occupation Farming

11. Industry or business _____

FATHER

12. Name Ida Skipworth13. Birthplace Tenn

MOTHER

14. Maiden name Synthia Jenkins15. Birthplace Ky.16(a) Informant's own signature Carrie Cisney(b) Address Greenville R. # 2

17. BURIAL, CREMATION, OR REMOVAL

Place Skipworth Bldg Date Sept 14, 194318(a) Signature of funeral director Harry S. Funeral Home(b) Address Greenville Ky.19(a) 9-14-43

(Date received by local registrar)

(b) Jane K. Lovell

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13, 194321. I hereby certify that I attended the deceased from Sept 1, 1943
to Sept 13, 1943 that I last saw him alive on
Sept 11, 1943, and that death occurred on the date
stated above at 6:45 P. M.

Immediate cause of death

Pulmonary tuberculosis

DURATION

1 yr

Due to _____

Other conditions Dementia Precox
(Include pregnancy within 3 months of death)

Major findings:

Of operations 1941-42Of 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? _____

(e) Means of injury _____

23. Signature Gandell Wilson M.D.Address Greenville Ky. Date signed 9/14/43

(M. D. or other)

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.