

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 12

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2436

I. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Grenville, Ky.
(If outside city or town limits, write RURAL.)
(c) Name of hospital or institution:
Muhlenberg Community
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 2 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL.)
(d) Street No. Rosewood
(If rural give precinct)
(e) if foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Harold Ray Skipworth

3(b) If veteran, Name war _____ No. _____
3(c) Social Security _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

5(b) Name of husband or wife _____

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

7. Birth date of deceased Aug 25, 1935
(Month) (Day) (Year)

8. AGE: Years 4 Months 4 Day 28 If less than one day hr. _____ min. _____

9. Birthplace Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Tenneth Skipworth

13. Birthplace _____

MOTHER { 14. Maiden name Ruby Bill

15. Birthplace _____

16(a) Informant's own signature Tenneth Skipworth

(b) Address Grenville, Ky. R.F. 24.

17. BURIAL, CREMATION, OR REMOVAL
Place Skipworth Date Jan. 22, 1940

18(a) Signature of funeral director Grenville Funeral Home

(b) Address Grenville, Ky.

19(a) Jan. 22, 1940 (b) James [illegible] (Registrar's signature)

(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22, 1940
21. I hereby certify that I attended the deceased from 1-21, 1940
to 1-22, 1940, that I last saw him alive on
1-22, 1940, and that death occurred on the date
stated above at 4 P.M.

Immediate cause of death
Purpura Hemorrhagica
Secondary to Scarlet Fever
Due to Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations none

Of autopsy no

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 8323

23. Signature Dr. Simpson (M. D. or other)

Address Grenville, Ky. Date signed 1-23-40

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.