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

COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No.
Registrar's No.

Registration District No. 1085 Primary Registration District No. 7471 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville 19 (Rural)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

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. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 20
(years, months or days)

3(a) FULL NAME Bell. Smith

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

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

6(b) Name of husband or wife Alex Smith

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

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years Months Days Not known real old less than one day min.

9. Birthplace Logan co Ky.

10. Usual occupation Housewife

11. Industry or business _____

FATHER { 12. Name Geo Sanders

13. Birthplace Not known

MOTHER { 14. Maiden name Mary Cooksey

15. Birthplace Not known

16(a) Informant's own signature Bessie Satter

(b) Address Greenville, Ky.

17. BURIAL, CREMATION, OR REMOVAL
Place Smith's Cemetery Date Jan. 6 1940

18(a) Signature of funeral director Smith's Fund. Home

(b) Address Dreherboro, Ky.

19(a) Feb. 5, 1940 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1940

21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____, that I last saw him alive on _____ 19____,
and that death occurred on the date stated above at 6 am.

Immediate cause of death Burned up. Accident

Due to house burned up

Other conditions 170
(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 Lennie Bryan (M.D. or other)

Address Central city Date signed 1-3-40

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.