

CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 7480

1. PLACE OF DEATH:

(a) County Muhlenberg Co
 (b) City or town 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)

3(a) FULL NAME B. W. Smith

3(b) If veteran, _____

Name war _____

3(c) Social Security _____

No. _____

4. Sex Male 5. Color or race White (a) Single, widowed, married, divorced _____6(b) Name of husband or wife Budie Smith6(c) Age of husband or wife if alive 58 Years7. Birth date of deceased Oct. 1, 18
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day min.
60 26 hr.9. Birthplace Muhlenberg10. Usual occupation Farming

11. Industry or business _____

12. Name J. E. Smith13. Birthplace Tenn.14. Maiden name Mollie Shelton15. Birthplace Muhlenberg16(a) Informant's own signature Budie Smith(b) Address Greenville P. 3

17. BURIAL, CREMATION, OR REMOVAL

Place Cherry Grove Date Oct 27, 193918(a) Signature of funeral director Perdue + Son(b) Address Greenville Ky19(a) Oct. 27, 1939 (Date received by local registrar) (b) James Oates (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg
 (c) City or town Greenville P. 3 (Rural)
 (If outside city or town limits, write RURAL)

(d) Street No. Weir
 (If rural give precinct)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1939

21. I hereby certify that I attended the deceased from Oct 26 1939 to Oct 26 1939, that I last saw him alive on Oct 26 1939, and that death occurred on the date stated above at 11 @ A M.

Immediate cause of death

Organic Heart trouble

DURATION

Due to

Asthma 95

Other conditions

(include pregnancy within 3 months of death)

Major findings:

Of operation:

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?

(d) Means of injury

23. Signature

E. Rollins (M. D. or other)
 Address Greenville Ky Date signed 10-27-39

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.