

#41

Registration District No. **1088** Primary Registration District No. **7505**

1. PLACE OF DEATH:
(a) County **Muhl.**
(b) City or town **Browder**
(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 **16**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Ky.** (b) County **Muhl.**
(c) City or town **Browder, 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 **Cole Smith**

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

4. Sex **M.** 5. Color or race **Coloed** (a) Single, widowed, married, divorced **married**

6(b) Name of husband or wife **Lillie Smith**

6(c) Age of husband or wife if alive **58** Years

7. Birth date of deceased **April 27, 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **6** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Logan County**

10. Usual occupation **Mining**

11. Industry or business **Coal Mines**

FATHER { 12. Name **Will Smith**

13. Birthplace **Logan County**

MOTHER { 14. Maiden name **Sophie Statton**

15. Birthplace **Logan County**

16(a) Informant's signature **Berrice Smith**

(b) Address **Drakesboro, Ky.**

17. BURIAL, CREMATION, OR REMOVAL
Place **New Zion, Ky.** Date **Nov. 16, 1941**

18(a) Signature of funeral director **Smith's Funeral Home**

(b) Address **Drakesboro, Ky.**

19(a) **11-15-41** (Date received by local registrar) (b) **Jane H. Love** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **Nov. 13, 1941**

21. I hereby certify that I attended the deceased from _____ 19____
to **August 27, 1941**, that I last saw h. alive on
Oct 13, 1941 and that death occurred on the date
stated above at **5:50 A.M.**

Immediate cause of death _____

Due to **Tuberculosis of Lungs 1 yr.**
Infection with t. b. germs

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

DURATION

Major findings: _____

Of operations **None performed**

Of autopsy **No 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? **No injury**
(Specify type of place)

While at work? **None** (e) Means of injury **none**

23. Signature **H. D. Newmass**
(M. D. or other)

Address **Drakesboro, Ky.** Date signed **Nov 15, 1941**

MARGIN RESERVED FOR BINDING

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.