

7369

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No.

Registrar's No.

CERTIFICATE OF DEATH

*37

Registration District No.

1086

Primary Registration District No.

2436

1. PLACE OF DEATH

(a) County

Muhlenberg

(b) City or town

Gruenewald

(c) Name of hospital or institution:

Muhlenberg Co. Hosp.

(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 OR PLACE RECEIVED:

(a) State

Ky

(b) County

Muhlenberg

(c) City or town

Gruenewald

(d) Street No.

Drakesboro Ky

(If rural give precinct)

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

year

3(a) FULL NAME

Earnest Lloyd Smith

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Sex

M

5. Color or race

W

6(a) Single, widowed, married, divorced

6(b) Name of husband or wife

6(c) Age of husband or wife if alive

7. Birth date of deceased

Oct 19, 1940

(Month)

(Day)

(Year)

8. AGE:

Year

5

Month

2

Days

19

If less than one day

hr.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

Willie E. Smith

13. Birthplace

Ky

MOTHER

14. Maiden name

Kate E. Barr

15. Birthplace

Ky

16(a) Informant's own signature

Willie E. Smith

(b) Address

Drakesboro Ky

17. BURIAL, CREMATION, OR REMOVAL

Place

Smith

Date

2/19, 1946

18(a) Signature of funeral director

Kis... ..

(b) Address

Drakesboro Ky

19(a)

3-5-46

(Date received by local registrar)

(b) Registrar's signature

Mirjorie Hedges

MEDICAL CERTIFICATION

20. DATE OF DEATH

Feb 7, 1946

21. I hereby certify that I attended the decedent from

Feb 7, 1946

to

Feb 7, 1946, that I last saw him alive on

Feb 7, 1946, and that death occurred on the date

stated above at

310 7th

Immediate cause of death

lobar pneumonia bilateral

DURATION

2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

(Specify type of place)

(d) Means of injury

15. Signature

Candellson MD

Address

Murray Ky

Date signed

2/20/46

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. MARGIN RESERVED FOR BINDING