

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

13309

File No.

Registered No.

136

1. PLACE OF DEATH
County Muhl.Vot. Pct. 33Inc. Town. DrakesboroRegistration District No. 1085Primary Registration District No. 7504City _____ (No. _____ of _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME George Henry Smith(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Nov. 27, 18847. AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
55 4 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mines
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Coal Mines
10. Date deceased last worked at this occupation (month and year) Apr 1930 11. Total time (years) spent in this occupation 1512. BIRTHPLACE near Paradise13. NAME George Smith14. BIRTHPLACE Muhl. Co.15. MAIDEN NAME Laura H. Allen16. BIRTHPLACE Muhl. Co. Ky.17. INFORMANT Callie Carter(Address) Hopkinsville, Ky.

18. BURIAL CREMATION OR REMOVAL

Place Smith Cemetery Apr. 4 194019. UNDERTAKER Smith Funeral Home(Address) Drakesboro, Ky.20. FILED 4-4-40 James Lake
Registrar21. DATE OF DEATH April 3 194022. Mar 28 I HEREBY CERTIFY, That I attended deceased from 1940 to Apr 3 1940I last saw him alive on Apr 3, 1940. Death is said to have occurred on the date stated above, at 3:30 p.m.. The principal cause of death and related causes of importance in order of onset were as follows:Lobar Pneumonia Mar 28 1940
Pleural Effusion Mar 28 1940
Contributory causes of importance not related to principal cause: _____Name of operation NoneWhat test confirmed diagnosis? Symptoms Was there an autopsy? No23. If death was due to external causes (violence) fill in also the following:
accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no If so, specify none(Signed) H. Newman M. D.(Address) Drakesboro, Ky.

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. See instructions on back of certificate.