

22881

Form V. S. 1-A-50m-11-1-39

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 27

1 PLACE OF DEATH

County MuhlenbergVet. Pat. _____ Registration District No. 1087Inc. Town Central City Primary Registration District No. 2435

City _____ (No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Charles 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., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Ethel Smith
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) Dec. 29, 18777. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
42 8 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chief of Police10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2 yrs.12. BIRTHPLACE (city or town) (State or country) Adrian, Michigan13. NAME R. L. Smith14. BIRTHPLACE (city or town) (State or country) Adrian, Michigan15. MAIDEN NAME Mary Sullivan16. BIRTHPLACE (city or town) (State or country) Adrian, Michigan17. INFORMANT (Address) James Charles Smith, Central City, Ky.18. BURIAL, CREMATION, OR REMOVAL Place Central City, Ky. 9/29, 193119. UNDERTAKER (Address) Central City, Ky.20. FILED 9/27, 1931. A. L. Blauder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 9/26, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Two Pistol Wounds
Homicide

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury 9/25, 1931Where did injury occur? Central City, Muhlenberg, Ky.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. in State Highway

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Chief Police Duty(Signed) R. L. Allen Registrar(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.