

19344

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

Registrar's No.

219

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Ducktown (Rural)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number & location)

(d) Length of stay: In hospital or community all life
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Muhl.
(c) City or town Ducktown (Rural)
(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.? _____ year

3(a) FULL NAME Louis B. Smith

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex Me 5. Color or race Col. 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife Bella Smith6(c) Age of husband or wife if alive 78 Years

7. Birth date of deceased Dec. 16, 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Muhlenberg Co., Ky10. Usual occupation Miner11. Industry or business Coal mines12. Name Louis Smith13. Birthplace Ky.14. Maiden name Mary Jane Smith15. Birthplace Ky.16(a) Informant's own signature Lestiel S. Smith(b) Address Ducktown, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Smith Cemetery, Sept 14, 194818(a) Signature of funeral director Smith's Funeral Home(b) Address Ducktown, Ky.19(a) 9-14-48 (Date received by local registrar)(b) Mrs. Marie Haly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 194821. I hereby certify that I attended the deceased from 12 May 1947to 7 Sept 1948, that I last saw him alive on7 Sept 1948 and that death occurred on the datestated above at 4:15 P. M.Immediate cause of death pulmonary edema DURATION ?Due to right heart failure ?Other conditions Tuberculosis

(Include pregnancy within 3 months of death)

Major findings: IBC-11C

Of operations _____

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? _____ (a) Means of injury _____

23. Signature H.S. Davis (M. D. or other)Address Ducktown Date signed 9 Sept 48

DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF