

20902

MARGIN RESERVED FOR BINDING

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.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

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

State File No. _____
Registrar's No. 349

Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:
(a) County Wooldenburg
(b) City or town Central City
(c) Name of hospital or institution: Home
(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 OF DECEASED:
(a) State Ky (b) County Mitchell
(c) City or town Central City
(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 Pada B. Son
3(b) If veteran, _____ 3(c) Social Security _____
Name war _____ No. _____

4. Sex Male 5. Color or race White 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife _____

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

7. Birth date of deceased Oct 4 1880
(Month) (Day) (Year)

8. AGE: Years 58 Months _____ Days 13 If less than one day _____ min.

9. Birthplace Mayfield, Kentucky

10. Usual occupation Butcher

11. Industry or business _____

12. Name Tom Son

13. Birthplace Trigg County, Ky.

14. Maiden name America M. Humphrey

15. Birthplace Trigg County, Ky.

16(a) Informant's own signature T. B. Son

(b) Address Central City, Kentucky

17. BURIAL, CREMATION, OR REMOVAL
Place Fairmount Cemetery Date Oct 19 1940

18(a) Signature of funeral director J. Anderson

(b) Address Central City, Ky.

19(a) 11-11-40 (Date received by local registrar) (b) J. Anderson (Registrar's signature)

MEDICAL CERTIFICATION

21. I hereby certify that I attended the deceased from Oct 17 1940 to Oct 17 1940 that I last saw him alive on Oct 17 1940 and that death occurred on the date stated above at 5:50 P. M.

Immediate cause of death Blow on head DURATION 2 1/2 hours

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

Major findings:
Of operation _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Oct 16 1940
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? on Highway
(Specify type of place)

While at work? Yes (c) Means of injury Fall on
refrigerator
23. Signature J. Anderson (M. D. or other)
Address Central City, Ky. Date signed Oct 17 1940