

Form V. R. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. \_\_\_\_\_  
Registrar's No. 548Registration District No. 1085 Primary Registration District No. 7478

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Depoy Ky (Rural)  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:(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 Muhlenberg  
(c) City or town Depoy Ky  
(If outside city or town limits, write RURAL)(d) Street No. Depoy #27  
(If rural give precinct)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME William E. Southard

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex M 5. Color of race White (a) Single, widowed, married, divorced \_\_\_\_\_6(b) Name of husband or wife Lee Southard6(c) Age of husband or wife if alive 64 Years7. Birth date of deceased July 24, 1875  
(Month) (Day) (Year)8. AGE: Years 64 Months 7 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Ky10. Usual occupation Coal Miner

11. Industry or business \_\_\_\_\_

FATHER { 12. Name L. B. Southard13. Birthplace KyMOTHER { 14. Maiden name Fannie D. Tucker15. Birthplace Ky16(a) Informant's own signature Paul Southard(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Oak Grove Date 9/9/3918(a) Signature of funeral director Greenville Funeral Home(b) Address Greenville, Ky.19(a) October 9, 1939 (b) James Carter  
(Date received by local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 193921. I hereby certify that I attended the deceased from Feb 1 1939  
to Oct 2 1939 that I last saw him alive on  
Oct 2 1939 and that death occurred on the date  
stated above at 9:30 am

Immediate cause of death \_\_\_\_\_

arteriosclerosisDue to 97Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings:

Of operations LOf autopsy L

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? \_\_\_\_\_ (e) Means of Injury 661723. Signature L. P. Moore (M. D. or other)Address Greenville, Ky Date signed Oct 9-39MARGIN RESERVED FOR BINDING  
Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.