

18183

State File No. 18183  
Registrar's No. 225

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

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

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:  
(a) County Muhlenberg  
(b) City or town Luzerne, Ky.  
(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 54  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kentucky (b) County Muhlenberg  
(c) City or town Graham, Ky.  
(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 John Treman Spurlin

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
Name war \_\_\_\_\_

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

6(b) Name of husband or wife Lucy Turner Sausberry

6(c) Age of husband or wife if alive 25 Years  
7. Birth date of deceased 6 (Month) 13 (Day) 1860 (Year)

8. AGE: Years 86 Months 1 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Christian County

10. Usual occupation Farmer

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

FATHER 12. Name Robert Spurlin

13. Birthplace Christian County

MOTHER 14. Maiden name Don't Know

15. Birthplace " "

16(a) Informant's own signature Allean Robinson

(b) Address Luzerne, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Old Mt. Zion Date 8/3, 1940

18(a) Signature of funeral director Ernest J. Elliott

(b) Address Greenville, Ky.

19(a) 8-3-46 (Date received by local registrar) (b) Mr. Mahjorie Hays (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1, 1946

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on

stated above at 8:00 A. M. and that death occurred on the date

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

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_ (c) Means of Injury \_\_\_\_\_

23. Signature E. R. Hays (M. D. or other)

Address Willsie, Ky. Date signed 8-3-46

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.