

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. 254**23137**Registration District No. 1085Primary Registration District No. 7471

## 1. PLACE OF DEATH:

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

(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 Kentucky (b) County Muhlenberg  
(c) City or town Russel  
(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 Boyd Stanley

3(b) If veteran, \_\_\_\_\_

3(c) Social Security

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex M 5. Color or race W 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 Sept. 12 1877  
(Month) (Day) (Year)8. AGE: Years 66 Months 1 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Muhlenberg County, Ky.10. Usual occupation Farmer

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

FATHER { 12. Name Jack Stanley13. Birthplace Muhlenberg County, Ky.MOTHER { 14. Maiden name Miss Vincent15. Birthplace don't know16(a) Informant's own signature Mollie Parkman(b) Address Greenville Ky.

## 17. BURIAL, CREMATION, OR REMOVAL

Place Boyd Creek Date Oct. 22, 194318(a) Signature of funeral director Parker Westburne(b) Address Beesh Creek - Ky.19(a) 10-22-43 (b) Jane P. Lovell  
(Date received by local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 194321. I hereby certify that I attended the deceased from Oct. 6 1943  
to Oct. 21 1943, that I last saw him alive on  
Oct. 18 1943, and that death occurred on the date  
stated above at 10:30 A.M.

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

DURATION

Chronic Nephritis

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? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature L. G. Cugabrite, M.D.  
(M. D. or other)Address Greenville, Ky. Date signed 10/22/43

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.