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 inspectant.

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

mere STIS	46
Registrar's	No. 254
	23137

2. USUAL RESIDENCE OF DECEASED: (1) County Multiple (1) or town (1) City or town (1) City or town (1) Interest or institution write street number or location) (2) City or town (3) Street No. (4) Street No. (5) Street No. (6) Street	Registration District No. 1085	Primary Registration District No. 747/
AS City or town (a) City or town (b) County Members or incentive city or town limits, write RURAL) (c) City or town (d) Langth of stay: In hospital or institution write street number or location) (d) Langth of stay: In hospital or community (pears, months or days) (d) Street No. (If notified city or town limits, write RURAL) (d) Street No. (If notified city or town limits, write RURAL) (d) Street No. (If notified city or town limits, write RURAL) (d) Street No. (If notified city or town limits, write RURAL) (d) Street No. (If notified the precipital) (if) outside city or town limits, write RURAL) (d) Street No. (If notified the precipital) (ii) City or town (If notified city or town limits, write RURAL) (d) Street No. (If notified the precipital) (iii) City or town (If notified city or town limits, write RURAL) (If notified city or town limits, write RURAL) (If) county Medical City or town limits, write RURAL) (If notified city or town limits, write RURAL) (If) City or town (If notified city or town limits, write RURAL) (If) City or town (If) county Medical City or town limits, write RURAL) (If) City or town (If) county Medical City or town limits, write RURAL) (If) City or town (If) county Medical City or town limits, write RURAL) (If) City or town (If) county Medical City or town limits, write RURAL) (If) City or town (If) county Medical City or town limits, write RURAL) (If) City or town (If) county MEDICAL CENTIFICATION (If) Particular No. (If) county MEDICAL CENTIFICATION (If) precipital No. (If) county MEDICAL CENTIFICATION (If) outside city or town limits, write RURAL (If) outside city or town limits, write RURAL (If) City or town (If) City or town (If) county MEDICAL CENTIFICATION (If) District No. (If) county MEDICAL CENTIFICATION (If) outside city or town limits, write RURAL (If) City or town (If)	1. PLACE OF DEATH:	
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