

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No. **28325**Registrar's No. **396**

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusRegistration District No. **1085**Primary Registration District No. **2435**

1. PLACE OF DEATH:

(a) County **Muhlenberg**
(b) City or town **Central City**
(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 **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 **Denzel Jones Jr.**

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 **Widowed**

6(b) Name of husband or wife _____

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

7. Birth date of deceased **Nov 15 1939**
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days **1 year 11 months 1 day**9. Birthplace **Ky**

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name **Denzel Jones**13. Birthplace **Ky**

MOTHER

14. Maiden name **Wilda Gachary**15. Birthplace **Ky**16(a) Informant's own signature **Dewey X Jones**(b) Address **Central City - Rent. apt.**

17. BURIAL, CREMATION, OR REMOVAL

Place **Nelson**Date **11/16 1939**18(a) Signature of funeral director **Arthur L. Mosley**(b) Address **Central City Ky**19(a) **Nov 16 1939** (Date received by local registrar) (b) **James Oates** (Registrar's signature)**J. C. L. Standford, Deputy**

MEDICAL CERTIFICATION

20. DATE OF DEATH **Nov 15 1939**21. I hereby certify that I attended the deceased from **Nov 13 1939** to **Nov 15 1939**, that I last saw him **alive** on _____, and that death occurred on the date stated above at **3:10 P. M.**Immediate cause of death **not known**Due to **died 2 weeks before birth**Other conditions: **2/15**
(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) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury **3834**23. Signature **J. F. City High**Address **Central City Ky** Date signed **Nov 16 1939**

DURATION

2 weeksMARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully and accurately stated. Exact state of OCCUPATION is very important.
P. P. VANS should state CAUSE OF DEATH in plain terms, if it may be properly classified.