

Form V, S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

State File No.

Registrar's No.

CERTIFICATE OF DEATH

Registration District No.

1085

Primary Registration District No.

7509

1. PLACE OF DEATH:

(a) County Martin
(b) City or town Radwood
(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 Martin
(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 Sarah E. Duker Travis

3(b) If veteran, _____

3(c) Social Security _____

Name was _____

No. _____

4. Sex Female Color or race White (a) Single, widowed, married, divorced5(b) Name of husband or wife Earl Travis

5(c) Age of husband or wife if alive _____ years

7. Birth date of deceased James 11 1860
4 (Month) (Day) (Year)8. AGE: Years 81 Months 4 Days 26 If less than one day _____ hr. _____ min.9. Birthplace Martin Co Ky10. Usual occupation Retired

11. Industry or business _____

12. Name Justin McPherson13. Birthplace M-K14. Maiden name Jessie Turner15. Birthplace M-K16(a) Informant's signature Earl W. Duker(b) Address R #2 Greenville Ky

17. BURIAL, CREMATION, or REMOVAL

Place Radwood Date 12-8-4118(a) Signature of funeral director J. R. Kimmel(b) Address Radwood Ky19(a) 1-5-42 (Date received by local registrar) James R. Howell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 194121. I hereby certify that I attended the deceased from Dec 6 1941 to Dec 6 1941, that I last saw him alive on Dec 6 1941, and that death occurred on the date stated above at 7:10 P. M.

Immediate cause of death _____

Due to Pneumonia 5 daysOther conditions Cap. Heart
(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? _____
(Specify type of place)

While at work? _____

(e) Means of injury _____

23. Signature E. L. H. H.Address Greenville Date signed 12-7-41

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH 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.

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