

N. B.—WRITE PLAINLY WITH LEADING 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.

Form T. 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.

13296

Registrar's No.

153

Registration District No.

1085

Primary Registration District No.

7486

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Graham
(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 Kentucky (b) County Muhlenberg
(c) City or town Rural
(If outside city or town limits, write RURAL)
(d) Street No. Graham # 20
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME

W R Vinson

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Sex Male

5. Color or race White

6(a) Single, widowed, married, divorced Unmarried

5(b) Name of husband or wife _____

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

7. Birth date of deceased May 12 1842
(Month) (Day) (Year)

8. AGE: Years 97 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Lyon Co.

10. Usual occupation Retired Black Smith

11. Industry or business _____

FATHER { 12. Name Egbert Vinson

13. Birthplace Lyon Co.

MOTHER { 14. Maiden name Don't know

15. Birthplace Don't know

16(a) Informant's own signature W R Vinson

(b) Address Graham 127 B1

17. BURIAL, CREMATION, OR REMOVAL

Place Wintley Bk Date May 5, 1940

18(a) Signature of funeral director Parlier & Son

(b) Address Buenaville Ky.

19(a) May 13, 1940 (Date received by local registrar) (b) James Oates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940

21. I hereby certify that I attended the deceased from May 4 1940 at 4:30 AM to 10:30 AM 1940, that I last saw him alive on May 4 1940, and that death occurred on the date stated above at 10:35 P.M.

Immediate cause of death Bronchial Pneumonia

DURATION

Due to 104

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? _____ (d) Means of injury 5963

23. Signature W. C. Oates (M.D.)

Address Graham, Ky. Date signed _____ (M. D. or other)

Dr. J. Oates