

27042

State File No. _____

Registrar's No. 267

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusRegistration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Beckton
(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 Beckton
(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.? _____ year3(a) FULL NAME Peta Lee Washington

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex male5. Color or race white6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Buttha Washington6(c) Age of husband or wife if alive 61 Years7. Birth date of deceased Mar 16 1886
(Month) (Day) (Year)8. AGE: Years 59 Months 6 Days 27
If less than one day hr. _____ min. _____9. Birthplace McLean Co.10. Usual occupation mining

11. Industry or business _____

FATHER

12. Name William Thomas Washington13. Birthplace Ky

MOTHER

14. Maiden name Emadell Arnold15. Birthplace Ky16(a) Informant's own signature Buttha Washington(b) Address Beckton Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Unity B. Co. Date Dec 6 194618(a) Signature of funeral director Hayes Funeral Home(b) Address Beckton Ky19(a) Dec 5 45 (Date received by local registrar) (b) Margaret Hades (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 194621. I hereby certify that I attended the deceased from _____ 19____, that I last saw him alive on Dec 2 1945 and that death occurred on the date stated above at 3:30 A.M.Immediate cause of death Cerebral Hemorrhage

DURATION	

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 E. J. Galt (M. D. or other)
Address Beckton Ky Date signed 11-5-45

4500/3-53

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.