

Form V. S. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHState File No. 365Registrar's No. 29818Registration District No. 1015Primary Registration District No. 2436

## I. PLACE OF DEATH:

- (a) County Muhlenberg  
 (b) City or town Rural  
 (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 Rural  
 (If outside city or town limits, write RURAL)  
 (d) Street No. East Baynes  
 (If rural, give precinct)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Clayton Waters

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married

6(b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 10 (Month) (Day) (Year)8. AGE: Years 72 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Ky10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

FATHER

12. Name Robert Bruce Waters13. Birthplace Ky

MOTHER

14. Maiden name Harris15. Birthplace Ky16(a) Informant's own signature Ballard Foley(b) Address Greenville 19

17. BURIAL, CREMATION, OR REMOVAL

Place Waters B. H. Date 12-5, 194118(a) Signature of funeral director Parson & Sons(b) Address Greenville 1919(a) 12-5-41 (Date received by local registrar) (b) Jane Russell (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 194121. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on

\_\_\_\_\_ 19\_\_\_\_, and that death occurred on the date

stated above at 10 P.M.

Immediate cause of death \_\_\_\_\_

DURATION

Due to Heart troubleOther conditions Primary Sclerosis  
(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. L. Tate (M. D. or other)Address Greenville Date signed 12-5-41

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.

MARGIN RESERVED FOR ENDINGS