

2323

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 34

1. PLACE OF DEATH

County Muhlenberg

Vot. Pot. _____

Registration District No. 1085Inc. Town Central City, Ky.Primary Registration District No. 2435

City _____

(No. _____ St. _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME R. E. West(a) Residence, No. Central City Ky.

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. _____

How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE Colored5. Single, Married, Widowed
or Divorced (write the word)
Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of
_____6. DATE OF BIRTH Jan. 9, 1939

7. AGE

Years _____

Months _____

Days _____

If LESS than
1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. X9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. X10. Date deceased last worked at
this occupation (month and
year) X11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Ky.13. NAME Matthew West14. BIRTHPLACE Texas15. MAIDEN NAME Mathe mae Gauff16. BIRTHPLACE of miss17. INFORMANT Matthew West(Address) Central City, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place _____

Date Jan.

1939

19. UNDERTAKER None

(Address) _____

20. FILED 1-91939James Oates

Registrar.

J. A. L. Blandford

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 9, 193922. I HEREBY CERTIFY, That I attended deceased from
_____ to _____, 19____I last saw him alive on _____, 19____. Death is said
to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance
in order of onset were as follows:StillbornDate of
onsetContributory causes of importance not related to
principal cause:Premature

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If so, specify 9511(Signature) LeRoy Wallis

M. D.

(Address) Central City, Ky.

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.