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Form V. S. 1-A DEPARTMENT OF COMMERCE		TH OF KENTUCKY	State File No.		
Bureau of the Consus	Bureau of v	nt of Health ITAL STATISTICS	Registrer's No. 45 7		
$Q_{ij}(A_{ij}A_{ij})$	CERTIFICAT	LE OF DEATH		<b>3157</b>	
Registration	District No. 180	Primary Registration District N	747/	, ., _	
1. PLACE OF DEMONS		The state of the s			
(a) County when	here	2. USUAL RESIDENCE OF DE	ECEASED:	u AA	
		(a) State	(b) County	lane	
(b) City or town (If outside city or town	er Juy	(c) City or town	Elmen.	20	
(c) Name of hospital or institution:	n limits, with RURAL	· a	if outside city or town limits, an	ite RURALY	
(If not in hospital or institution write si		(d) Street No		<u> </u>	
(d) Length of stay: In hospital or community	treet number or location)		(If rural give precinci)	-	
	(years, months or days)	(e) If foreign porn, how long i	in U. S. A.?		
3(a) FULL NAME FIRE	110 )11	子上			
3(a) FULL NAME 3(b) If veteran.	via wa	rosen			
	3(c) Social Security	8	REDICAL CURTIFICATION 2		
Name was	No.	20. DATE OF DEATH	Vest 2 2		
	divorced yidopies, married,	21. I hereby certify that I atte	ended the deceased from OU	30,	
6(b) Name of husband or wife		10 Oct . 13	19 K 3, that 1	lest saw him o	
		011.22	19 12 and that deat	-	
	2 / 1 / Years	stated above at	77: "	n accesses on Al	
7. Birth date of deceased (Montil)	(Day) (Year)	Immediate cause of death	heart bless much		
8. AGE: Years) Mogettes Days	If less than one day		The state of the s	BE DURAT	
201200	min.				
9. Birthplace	- Go yey	Due to there - lenti			
10. Usual occupation House	- 4100				
20. Usuar occupation	sour :				
11. Industry or husiness		Other conditions			
55 [ 12 Name Scient	11276: 1	(Inch	ude pregnancy within 3 months of	death)	
12. Namp	v arquines	Major findings:			
13. Birthplace	349	Of operations	5 A - 135		
* ( non Bosses	1/4				
14. Maldaname // Consuce	HALLEN	Of autopsy	· · · · · · · · · · · · · · · · · · ·		
15. Birthplace					
16(a) Informant's own standard III a	11 11-12				
16(a) Informant's own stooffer	MANUEL STEEL		causes, fill in the following:		
(b) Address Assault H	elle Mari	(3) Accident, spicide, or homicide	(specify)		
17. BURIAL, CHEMATION, OR REMOVAL		(b) Date of occurrence			
Plany Treme.	ad25 42	ic) Where did injury occur? In o	r about home, on farm, in indust	rial place, in pu	
18(a) Signature of funeral stacks less I	4	place?	(Specify type of place)	· · · · · · · · · · · · · · · · · · ·	
		Phile at work?	(e) Means of Injury		
(b) Address Central	un m			1	
	W (28 W)	3. Signeture - K	? Walen n	١.٣.	
(Date received by local registrar)	To Colomate de	0 +000	1/ (M.)	), or other)	