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.

Form V. 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. 15863
Registrar's No. 106

Registration District No. 1085 Primary Registration District No. 7507

1. 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. Penrod Ret # 33 (If rural give precinct)
(e) If foreign born, how long in U. S. A.? ____ years

3(a) FULL NAME Abner J. Wood
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 Married
6(b) Name of husband or wife Mary Hunt Wood
6(c) Age of husband or wife if alive 53 Years
7. Birth date of deceased Aug. (Month) 30 (Day) 1860 (Year)

8. AGE: Years 80 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Muhlenberg County
10. Usual occupation Farmer
11. Industry or business ____

FATHER
12. Name — — — — Wood
13. Birthplace Illinois

MOTHER
14. Maiden name Addie Ward
15. Birthplace Unknown

16(a) Informant's own signature Mrs Mary H Wood
(b) Address Penrod Ky. R.R.

17. BURIAL, CREMATION, OR REMOVAL
Place Mt Marion Date June 12, 1941
18(a) Signature of funeral director H. C. Hargrader
(b) Address Lewisburg, Ky.
19(a) 6-19-41 (Date received by local registrar) (b) Jane Kirk Lowell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1941
21. I hereby certify that I attended the deceased from 6-4-1941 to 6-11-1941 that I last saw him alive on 6-8-1941, and that death occurred on the date stated above at 1:00 P.M.

Immediate cause of death	DURATION
(a) Cardiac	
Due to (b) T.B.	
Due to (c)	
Due to (d)	

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 J G Emmer (M. D. or other)
Address Lewisburg Date signed ____