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. 8095
Registrar's No. 270

Registration District No. 1185 Primary Registration District No. 7471

DELAY

1. PLACE OF DEATH
(a) County Muhlenberg
(b) City or town (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 Muhl
(c) City or town (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.? years

3(a) FULL NAME Geo. W. 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 Maggie Whitmer
6(c) Age of husband or wife if alive Years
7. Birth date of deceased Dec 13 1877 (Month) (Day) (Year)
8. AGE: Years 65 Months 11 Days 18 If less than one day hr. min.
9. Birthplace Ky
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Wood
13. Birthplace Ky.
MOTHER 14. Maiden name
15. Birthplace
16(a) Informant's own signature A. F. Doss
(b) Address Central City, Ky
17. BURIAL, CREMATION, OR REMOVAL Place Bran Creek Date 11-2 1943
18(a) Signature of funeral director [illegible] Funeral Home
(b) Address Central City Ky
19(a) December 3 1943 (Date received by local registrar) (b) Anna L. Blanford (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Nov 1 1943
21. I hereby certify that I attended the deceased from Aug 1 1942 to Nov 1 1943, that I last saw him alive on Oct 30 1943, and that death occurred on the date stated above at 10 30 A M.

Immediate cause of death Carcinoma of mouth — DURATION 6 Month
Due to No cause known

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? (d) Means of injury

23. Signature J. H. Harrison (M. D. or other)
Address Central City Date signed Nov 1 1943

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.

MARGIN RESERVED FOR BINDING