

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. 9770
Registrar's No. 715

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:

(a) County Muhl.
(b) City or town Drakesboro
(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. County Muhl.
(c) City or town Drakesboro
(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

3(b) If veteran, _____ 3(c) Social Security
Name war _____ No. _____

4. Sex F 5. Color or race Col. 6(a) Single, widowed, married,
divorced _____

6(b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 2, 1946
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 25 If less than one day
hr. _____ min. _____

9. Birthplace Drakesboro, Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name E. J. Woods
13. Birthplace Drakesboro, Ky.

MOTHER

14. Maiden name Audrey Mitchell
15. Birthplace St. Charles, Ky.

16(a) Informant's own signature Audrey Woods

(b) Address Drakesboro, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Smith Cem. Date 2/28/46

18(a) Signature of funeral director Smith's Fly. Home

(b) Address Drakesboro, Ky.

19(a) 5-2-46 M. M. Hodge
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946
21. I hereby certify that I attended the deceased from 4/20 1946
to 4/20 1946 that I last saw him alive at
10:30 P. M. and that death occurred on the date
stated above at _____

Immediate cause of death

Broncho-pneumonia
following influenza

Due to

DURATION

8 days

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? C (e) Means of injury _____

23. Signature C. M. Hodge M.D.
(M. D. or other)

Address Drakesboro, Ky. Date signed 2/2/46