

4607

Form P. S. 1-A

## COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE  
Bureau of the CensusDepartment of Health  
BUREAU OF VITAL STATISTICSRegistrar's No. 36

## CERTIFICATE OF DEATH

Registration District No. 1085Primary Registration District No. 2436

## 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. N. E. Bagges  
(If rural give precinct)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3(a) FULL NAME Bennil Raymond3(b) If veteran, \_\_\_\_\_ 3(c) Social Security  
Name war \_\_\_\_\_ No. \_\_\_\_\_4. Sex male 5. Color or race Cauc 6(a) Single, widowed, married,  
divorced. Widowed

8(b) Name of husband or wife \_\_\_\_\_

8(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased mar 27 1894  
(Month) (Day) (Year)8. AGE: Year 47 Month 10 Day 17 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Muhlenberg10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

FATHER { 12. Name L. J. Martin13. Birthplace MuhlenbergMOTHER { 14. Maiden name Bell Weir15. Birthplace Muhlenberg16(a) Informant's own signature May Martin(b) Address Greenville Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Reynolds B. G. Date Feb 13 194218(a) Signature of funeral director Pardner & Gary(b) Address Greenville Ky.19(a) 2-18-42 (Date received by local registrar) (b) Jane Louell (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1942

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_

to Feb 11 1942, that I last saw him alive onstated above at 4:30 P.M.

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to \_\_\_\_\_

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 E. J. Galt (M. D. or other)Address Greenville Ky Date signed 2-18-42

N. B.—WRITE PLAINLY WITH U.S. POSTAL 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.