Form V. S. 1-A

# COMMONWEALTH OF KENTUCKY
## Department of Health
### BUREAU OF VITAL STATISTICS
## CERTIFICATE OF DEATH

File No. **18325**

Registered No. 46

**1. PLACE OF DEATH**

County Muhlenberg

Vot. Pet. West Central City

Inc. Town

Registration District No. 1087

Primary Registration District No. 6816

City _____ (No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

**2. FULL NAME** Jacob J. Noffsinger   IF VETERAN, WHAT WAR

(a) Residence. No. _____ St. _____ Ward
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

<table>
<tr><td colspan="3">PERSONAL AND STATISTICAL PARTICULARS</td><td colspan="2">MEDICAL CERTIFICATE OF DEATH</td></tr>
<tr><td>3. SEX M</td><td>4. COLOR OR RACE W</td><td>5. Single, Married, Widowed or Divorced (write the word)</td><td colspan="2">21. DATE OF DEATH 5-23, 1938</td></tr>
<tr><td colspan="3">5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of</td><td colspan="2">22. I HEREBY CERTIFY, That I attended deceased from May 9, 1938 to May 23, 1938<br>I last saw h___ alive on May 9, 1938 death is said to have occurred on the date stated above, at 2 P. m.<br>The principal cause of death and related causes of importance in order of onset were as follows:</td></tr>
<tr><td colspan="3">6. DATE OF BIRTH Sept 1 - 1869</td><td colspan="2" rowspan="2">Crossing line<br><br>Date of onset</td></tr>
<tr><td>7. AGE 68 Years</td><td>8 Months</td><td>22 Days / If LESS than 1 day ...... hrs. or ...... min.</td></tr>
<tr><td colspan="3">8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</td><td colspan="2" rowspan="3">Contributory causes of importance not related to principal cause:<br>Senility</td></tr>
<tr><td colspan="3">9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer</td></tr>
<tr><td colspan="2">10. Date deceased last worked at this occupation (month and year)</td><td>11. Total time (years) spent in this occupation</td></tr>
<tr><td colspan="3">12. BIRTHPLACE Ky.</td><td colspan="2">Name of operation _____ Date of _____<br>What test confirmed diagnosis? ____ Was there an autopsy? ____</td></tr>
<tr><td colspan="3">13. NAME Joseph Noffsinger</td><td colspan="2" rowspan="5">23. If death was due to external causes (violence) fill in also the following:<br>Accident, suicide, or homicide? ____ date of injury ____ 19__<br>Where did injury occur? _____<br>(Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place.<br><br>Manner of injury _____<br>Nature of injury _____</td></tr>
<tr><td colspan="3">14. BIRTHPLACE Ky</td></tr>
<tr><td colspan="3">15. MAIDEN NAME Mary Wright</td></tr>
<tr><td colspan="3">16. BIRTHPLACE Ky</td></tr>
<tr><td colspan="3">17. INFORMANT Robert Noffsinger<br>(Address) Central City Ky R.F.D. 4</td></tr>
<tr><td colspan="3">18. BURIAL, CREMATION, OR REMOVAL<br>Place Old Bethel   Date 5/25/39</td><td colspan="2">24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify _____</td></tr>
<tr><td colspan="3">19. UNDERTAKER J. B. Tucker & Son<br>(Address) Bremen Ky</td><td colspan="2" rowspan="2">(Signed) J. P. Walton, M. D.<br>(Address) Central City, Ky</td></tr>
<tr><td colspan="3">20. FILED 5/__, 19__ W. R. Blackfield<br>Registrar.</td></tr>
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