

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHState File No.
Registration No.

386

Registration District No.

1085

Primary Registration District No.

2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville
(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 Greenville
(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 J.W. Noffsinger

3(b) if veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex Male5. Color or race White6(a) Single, widowed, married, divorced married5(b) Name of husband or wife One Noffsinger6(c) Age of husband or wife if alive 66 Years7. Birth date of deceased: Oct (Month) _____ (Day) _____ (Year)8. AGE: Years 69 Months _____ Days _____
if less than one day hr. _____ min. _____9. Birthplace Ky10. Usual occupation Merchant

11. Industry or business _____

12. Name Joe Noffsinger13. Birthplace Ky.14. Maiden name Nancy Miller15. Birthplace Ky.16(a) Informant's own signature J. Noffsinger(b) Address Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place New Cypress Date Dec. 15, 194018(a) Signature of funeral director Parker & Gary(b) Address Greenville Ky.19(a) 12/18/40 (Date received by local registrar)
(b) Jane Reid Lavelle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 194021. I hereby certify that I attended the deceased from 1935 19_____
to 12-12 1940, that I last saw him alive on
12-9-40 19_____, and that death occurred on the date
stated above at 6/30 P. M.

Immediate cause of death

Pulmonary TB.

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) no(b) Date of occurrence none(c) Where did injury occur? In or about home, on farm, in industrial place,
in public place? no
(Specify type of place)While at work? no (e) Means of injury none23. Signature Edith L. Simpson (M. D. or other)Address Greenville Ky Date signed 12-16-40

N. B.—WRITE PLAINLY WITH 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.