

CERTIFICATE OF DEATH

Registration District No.

1085

Primary Registration District No.

7471

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Boonville, Ky
 (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 Kentucky (b) County Muhlenberg
 (c) City or town Boonville Central City
 (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 Ernest Daniel Radford

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No _____

4. m 5. Color or race w 6(a) Single, widowed, married, divorced m6(b) Name of husband or wife Sarahy Radford

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

7. Birth date of deceased Nov 18 1905
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
41 11 _____ hr. _____ min.9. Birthplace Princeton, Ky10. Usual occupation Coal Mining

11. Industry or business _____

FATHER { 12. Name Daniel Radford13. Birthplace Not knownMOTHER { 14. Maiden name Mary Diggins Little15. Birthplace Not known16(a) Informant's own signature Sarahy Radford(b) Address Central City, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Free Hill Date Oct 14 194618(a) Signature of funeral director W. J. Barnett(b) Address Madisonville, Kentucky19(a) 11-5-46 (b) Margorie Radg
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1946

23. I hereby certify that I attended the deceased from _____ 19 _____

to _____ 19 _____, that I last saw him alive on _____ 19 _____, and that death occurred on the date

stated above at 4:00 P.M.Immediate cause of death Crushed chest DURATION _____Due to timber falling in mineOther 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) accident(b) Date of occurrence Oct 12, 1946(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? In Muhlenberg Coal Co. mine
(Specify type of place)While at work? yes (or) Means of injury TC23. Signature Harold J. MackinnonAddress Boonville, Ky

6757/9-19-47 2-2-48

MARGIN RESERVED FOR BINDING

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.