

MARGIN RESERVED FOR BINDING

N. E.—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. **8215**
Registrar's No. **81**

Registration District No. **1085** Primary Registration District No. **7475**

1. PLACE OF DEATH:
(a) County **Muhlenberg**
(b) City or town **Rural**
(c) Name of hospital or institution:
(If outside city or town limits, write RURAL)
(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. **West Rogers**
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME **James Ray Rogers**
3(b) If veteran, _____ 3(c) Social Security No. _____
Name war _____ No. _____
4. Sex **M** 5. Color or race **W**
(a) Single, widowed, married, divorced

5(b) Name of husband or wife _____
5(c) Age of husband or wife if alive _____ Years
7. Birth date of deceased **Jan 23, 1939** Years
(Month) (Day) (Year)
8. AGE: Years **1** Months **11** Days **4** If less than one day hr. _____ min.
9. Birthplace **Ky**
10. Usual occupation _____
11. Industry or business _____

FATHER
12. Name **Arthur Rogers**
13. Birthplace **Ky**
MOTHER
14. Maiden name **Elinor Erick**
15. Birthplace **Ky**

16(a) Informant's own signature **Arthur Rogers**
(b) Address **Greenville Ky 40523**
17. BURIAL, CREMATION, OR REMOVAL
Place **Membership** Date **3/19, 1940**

18(a) Signature of funeral director **Greenville Funeral Home**
(b) Address **Greenville Ky**
19(a) **March 19, 1940** (Date received by local registrar) (b) **James Oates** (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH **Mar 18, 1940**
21. 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 **2:15 pm**.
Immediate cause of death **Bronchopneumonia**
Due to **Flu**
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? _____
While at work? _____ (Specify type of place)
(a) Means of injury **9630**
23. Signature **J. C. Woodburn**
Address **Greenville Ky** (M. D. or other)
Date signed **3/19/40**

DURATION