

Form V. S. 1-A

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

File No. _____

Registered No. 29

1. PLACE OF DEATH

County Muhlenberg

Vot. Prec. _____

Inc. Town Bremen Ky.Registration District No. 1086Primary Registration District No. 6813City _____ (No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number2. FULL NAME Jimmy C. Rich(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Wid.5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH

7. AGE
Years 1 Months 3 Days 8 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Ky.13. NAME Raymond Rich14. BIRTHPLACE Ky.15. MAIDEN NAME Lavinia Miller16. BIRTHPLACE Ky.17. INFORMANT W. C. Miller
(Address) Bremen Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Shover's Chapel Date Nov 1 192619. UNDERTAKER J. B. Tucker
(Address) Bremen Ky.20. FILED Nov 10 1926 Dollie Robertson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 31 192622. I HEREBY CERTIFY, That I attended deceased from Oct 2 1926 to Nov 27 1926I last saw him alive on Oct 27 1926, death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Colitis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 10 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury J. C. Woodburn

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. C. Woodburn, M. D.(Address) Bremen Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT SPACING 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. See instructions on back of certificate.