

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.

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. 21027
Registrar's No. 218

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town _____
(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 Central Ky County Muhlenberg
(c) City or town Central City Ky
(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 Libithia Elizabeth Richardson

3(b) If veteran, _____ 3(c) Social Security _____
Name war _____ No. _____
4. Sex F 5. Color or race W 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____
6(c) Age of husband or wife _____ years

7. Birth date of deceased Sept 27 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name James Wilcox

13. Birthplace Muhlenberg Co. Ky

MOTHER { 14. Maiden name Margaret Bell

15. Birthplace Leban

16(a) informant's own signature Polie Richardson
(b) Address Central City, Ky R 4

17. BURIAL, CREMATION, OR REMOVAL
Place Wilcox Date Aug 16 1944

18(a) Signature of funeral director Leslie J. ...
(b) Address Central City, Ky

19(a) 7/7/1944 (Date received by local registrar) ... (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH Aug 14 1944
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 6:40 P.M.

Immediate cause of death Intestinal neoplasm
Due to arteriosclerosis
Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations 131A-97
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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____
23. Signature J. H. ... (M. D. or other)
Address _____ Date signed Aug 18 1944

DELAY