

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.

Registrar's No.

7366

54

39

Registration District No. 1085 Primary Registration District No. 2496

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Madisonburg</u>	(a) State <u>Ky</u>	(b) County <u>Muhlen.</u>	
(b) City or town <u>Madisonville</u>	(c) City or town <u>Drakesboro</u>	(If outside city or town limits, write RURAL)	
(c) Name of hospital or institution: <u>Madisonburg Co Hospital</u>		(d) Street No.	(If rural give precinct)
(If not in hospital or institution write street number or location)			
(d) Length of stay: In hospital or community <u>4 Days</u>	(years, months or days)		(e) If foreign born, how long in U. S. A? _____ years
3(a) FULL NAME <u>Jimmy Dale Robinson</u>			
3(b) If veteran, _____		3(c) Social Security No. _____	
Name war _____		No. _____	
4. Sex <u>male</u>	5. Color or race <u>white</u>	6(a) Single, widowed, married, divorced <u>single</u>	
6(b) Name of husband or wife _____			
6(c) Age of husband or wife if alive _____ Years			
7. Birth date of deceased <u>Jan - 30 - 1946</u>			
(Month) (Day) (Year)			
8. AGE: Years _____	Months _____	Days <u>7</u>	If less than one day hr. _____ min. _____
9. Birthplace <u>Greenwell, Ky</u>			
10. Usual occupation _____			
11. Industry or business _____			
FATHER	12. Name <u>Edward Robinson</u>		
	13. Birthplace <u>Marshall Co Ky</u>		
MOTHER	14. Maiden name <u>Paul Jean Wathford</u>		
	15. Birthplace <u>Madisonburg Co Ky</u>		
16(a) Informant's own signature <u>Edward Robinson</u>		22. If death was due to external cause, fill in the following:	
(b) Address <u>Drakesboro Ky</u>		(a) Accident, suicide, or homicide (specify) _____	
17. BURIAL, CREMATION, OR REMAINS		(b) Date of occurrence _____	
Place <u>McDonogh</u> Date <u>2-6-46</u>		(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____	
(Specify type of place)		While at work? _____ (a) Means of injury _____	
18(a) Signature of funeral director <u>J. H. ...</u>		23. Signature <u>J. H. ...</u>	
(b) Address <u>Drakesboro Ky</u>		(Date of death) _____	
19(a) <u>3-5-46</u> (Date received by local registrar)		(b) Registrar's signature <u>Margie Halge</u>	
		Address <u>Drakesboro Ky</u> Date signed <u>Feb. 22-46</u>	

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-46 1946
 21. I hereby certify that I attended the deceased from Jan 30 1946
 to Feb 5 1946 that I last saw him alive on
Feb 5 1946 and that death occurred on the date
 stated above at 1:50 P.M.

Immediate cause of death Premature birth DURATION _____
 Due to Impaction
 Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____ 154
 Of autopsy _____