

Form T. S. 1-A

COMMONWEALTH OF KENTUCKY

State File No.

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS

Registrar's No.

32

1085 CERTIFICATE OF DEATH

2436

Registration District No. ~~144~~Primary Registration District No. ~~4464~~

1. PLACE OF DEATH:

(a) County Muhlenberg
 (b) City or town Greenville
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: Greenville Community Hosp.
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community 1 day
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Butler
 (c) City or town Rural
 (If outside city or town limits, write RURAL)
 (d) Street No. 116 Rochester
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Howard Ray Stearnson

3(b) If veteran, Name war _____

3(c) Social Security No. _____

4. Sex M5. Color or race W6(a) Single, widowed, married, divorced Single5(b) Name of husband or wife ←5(c) Age of husband or wife if alive ← Years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE: Years _____

Months _____

Days _____

Less than one day _____ min

9. Birthplace Butler Co Ky10. Usual occupation ←11. Industry or business ←

FATHER

12. Name Lofton Stearnson13. Birthplace Butler Co. Ky

MOTHER

14. Maiden name Elsie Peay15. Birthplace Butler Co. Ky16(a) Informant's own signature Ellie Stearnson(b) Address Rochester Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date 5-30-194118(a) Signature of funeral director W.A. Manley(b) Address Rochester Ky19(a) July - 3 - 1941 (b) Myrtle H. Conway
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1941

21. I hereby certify that I attended the deceased from 5-27 1941
 to 5-29 1941 that I last saw him alive on
5-28 1941 and that death occurred on the date
 stated above at 1. A. M.

Immediate cause of death

Due to Appendicitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings: Ruptured AppendixOf operation: General peritonitis

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? _____

(a) Means of injury _____

23. Signature Henry Smith M.D.

(M. D. or other)

Address Rochester Ky Date signed _____

DURATION

2 days

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.