

DELAY

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. **8666**
Registrar's No. **101**Registration District No. **1085** Primary Registration District No. **2431**

1. PLACE OF DEATH:

(a) County Muhlenberg Co.
(b) City or town Hallsville 157
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Muhlenberg Community Hospital 01
(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 Kentucky (b) County Muhlenberg
(c) City or town Beech Creek 157
(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.? _____ years3(a) FULL NAME Henry Steele Jr3(b) If veteran, _____ 3(c) Social Security No. _____
Name war _____
4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced Single

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Oct 9 1946
(Month) (Day) (Year)8. AGE: Years 1 Months 5 Days 18
If less than one day hr. _____ min. _____9. Birthplace Muhlenberg Co.

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name Henry Wilson Steele13. Birthplace Muhlenberg Co.MOTHER { 14. Maiden name Ethel Wray15. Birthplace Ohio Co.16(a) Informant's own signature James B. Steel(b) Address Bradley 117 9.2.

17. BURIAL, CREMATION, OR REMOVAL

Place Union Ridge Date 3-29 194818(a) Signature of funeral director Orville Mackie Walsh(b) Address Beech Creek 15719(a) 4-1-48 (Date received by local registrar) (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 194821. 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 4:30 P. M.Immediate cause of death Cardiac Failure DURATION _____
Due to Exhaustion from
Malnutrition &
Rickets.
Other conditions _____ (Include pregnancy within 3 months of death)Major findings: Of operations _____ 70

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)

What is work? _____

23. Signature J. P. Patton (If S. or J. P.)Address Cuba City Ky Date signed 3/27/48Walton

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.

MARGIN RESERVED FOR BINDING