

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

Case File No. 8667
Registrar's No. 114

Registration District No. 1085 Primary Registration District No. 7471

<p>1. PLACE OF DEATH:</p> <p>(a) County <u>Martinburg</u></p> <p>(b) City or town <u>Rural Graham</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(c) Name of hospital or institution: _____</p> <p><small>(If not in hospital or institution write street number or location)</small></p> <p>(d) Length of stay: In hospital or community _____ <small>(years, months or days)</small></p>		<p>2. USUAL RESIDENCE OF DECEASED:</p> <p>(a) State <u>KY</u> (b) County <u>Muhlen.</u></p> <p>(c) City or town <u>Rural</u> <small>(If outside city or town limits, write RURAL)</small></p> <p>(d) Street No. <u>Graham</u> <small>(If rural give precinct)</small></p> <p>(e) If foreign born, how long in U. S. A. _____ years</p>	
<p>3(a) FULL NAME <u>Carl Stewart Stough</u></p>		<p>MEDICAL CERTIFICATION</p> <p>20. DATE OF DEATH <u>April 19</u> 19<u>48</u></p> <p>21. I hereby certify that I attended the deceased from <u>April 18</u> 19<u>48</u> to <u>April 19</u> 19<u>48</u>, that I last saw him alive on <u>April 18</u> 19<u>48</u>, and that death occurred on the date stated above at <u>11:20 A.M.</u></p> <p>Immediate cause of death _____</p> <p><u>Pulmonary tuberculosis</u> DURATION <u>Several years</u></p> <p>Due to _____</p> <p>Other conditions _____ <small>(Include pregnancy within 3 months of death)</small></p> <p>Major findings: Of operation <u>1213</u></p> <p>Of autopsy _____</p>	
<p>3(b) If veteran, Name war _____</p> <p>3(c) Social Security No. _____</p> <p>4. Sex <u>M</u> 5. Color or race <u>W</u> 6(a) Single, widowed, married, divorced _____</p> <p>6(b) Name of husband or wife _____</p> <p>6(c) Age of husband or wife if alive _____ Years</p> <p>7. Birth date of deceased <u>June 1</u> 19<u>08</u> <small>(Month) (Day) (Year)</small></p> <p>8. AGE: Years <u>39</u> Months <u>10</u> Days <u>18</u> <small>If less than one day hr. min.</small></p> <p>9. Birthplace <u>KY</u></p> <p>10. Usual occupation <u>Coal miner</u></p> <p>11. Industry or business _____</p>		<p>22. If death was due to external cause, 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 plant, in public place? _____ <small>(Specify type of plant)</small></p> <p>23. Signature <u>James W. ... M.D.</u> <small>(Name of doctor)</small> Address <u>Franklin KY</u> <small>Date signed <u>4/22/48</u></small></p>	
<p>FATHER { 12. Name <u>Elwood Stough</u></p> <p>13. Birthplace <u>KY</u></p> <p>MOTHER { 14. Maiden name <u>Annie Ellis</u></p> <p>15. Birthplace <u>Arkansas</u></p> <p>16(a) Informant's own signature <u>Delia Steele</u></p> <p>(b) Address <u>Hammont, Ind.</u></p> <p>17. BURIAL, CREMATION, OR REMOVAL Place <u>New Cypress 4-21-48</u></p> <p>18(a) Signature of funeral director <u>Parker Mackie Washburn</u> <small>(Name of funeral home)</small></p> <p>(b) Address <u>Greenwell, KY</u></p> <p>19(a) <u>4-26-48</u> <u>Margaret Hodge</u> <small>(Date received by local registrar) (Registrar's signature)</small></p>			