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. 21648
Registrar's No. 227

Registration District No. 1085 Primary Registration District No. 7471

DELAY

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Greenville Ky R#1 (If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or community (years, months or days)

USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County Muhl.
City or town (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 Robert Preston Stovall

3(b) If veteran, Name war
3(c) Social Security No.

4. Male 5. Color or race White 6(a) Single, widowed, married, divorced W.

6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years
7. Birth date of deceased March 10 (Month) - 1857 (Day) (Year)

8. AGE 87 Years 4 Months 22 Days If less than one day hr. min.

9. Birthplace Ky
10. Usual occupation Farmer.
11. Industry or business

FATHER
12. Name Henry Clay Stovall
13. Birthplace Tenn

MOTHER
14. Maiden name Lucy Staley
15. Birthplace Virg

16(a) Informant's own signature Gladnes Stovall
(b) Address Bremen Ky. R#1

17. BURIAL, CREMATION OR REMOVAL
East Union Date 8-4 19 44
18(a) Signature of funeral director Tucker Funeral Home
(b) Address Central City Ky

19(a) September 12 1944 (Date received by local registrar) (b) Ormal E. Handford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 19 44
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 4:30 P. M.

Immediate cause of death	DURATION
Due to Bacillary Dysentery	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 17A
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? (d) Means of injury

23. Signature J C Ward (M. D. or other)
Address Greenville Ky Date signed 9-12-1944

IMPORTANT: 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.