

## 1. PLACE OF DEATH

County MuhlenbergVot. Pot. 25Ino. Town CleatonRegistration District No. 1094Primary Registration District No. 6848City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John Hamilton Stringer(a) Residence No. \_\_\_\_\_ St., \_\_\_\_\_ Ward  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mes. ds. How long in U. S., if of foreign birth? yrs. mes. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Sept 14 18507. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
81 8 48. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) 1920 11. Total time (years) spent in this occupation 3512. BIRTHPLACE ky.13. NAME Isaac Paula Stringer14. BIRTHPLACE ky.15. MAIDEN NAME Mahaley Stevenson16. BIRTHPLACE ky.17. INFORMANT John Stringer(Address) Cleaton, ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Seas Date May 19, 193219. UNDERTAKER Arthur L. Mosley(Address) Central City, ky.20. FILED June 14, 1932 Varona Hanna  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 15, 193222. I HEREBY CERTIFY, That I attended deceased from May 3, 1932 to May 15, 1932I last saw him alive on May 15, 1932 death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance in order of onset were as follows:Chronic Bronchitis and  
Intestinal Peptic Ulcer  
Following Flu

Date of onset

Contributory causes of importance not related to principal cause: FluName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) L. Roy Mullis, M. D.(Address) Nelson, Ky.

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. See instructions on back of certificate.

MELAN