

25921

State File No.

Registrar's No. 377

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

Registration District No.

1085

Primary Registration District No.

7475

1. PLACE OF DEATH:

Muhlenberg

(a) County

Greenville Ky (Rural)

(b) City or town

(If outside city or town limits, write RURAL)

(c) Name of hospital or institution:

(If not in hospital or institution with street number or location)

(d) Length of stay: In hospital or community.

(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky

Muhlenberg

(c) City or town

Greenville Ky (Rural)

(If outside city or town limits, write RURAL)

(d) Street No.

West Boggs

(If rural give precinct)

(e) If foreign born, how long in U. S. A.?

years

3(a) FULL NAME James Stum

3(b) If veteran,

3(c) Social Security
No. No Number

Name was

4. Sex male

5. Color or
race Negro6(a) Single, widowed, married,
divorced Married

6(b) Name of husband or wife

Joanner Stum

6(c) Age of husband or wife if alive

Years

7. Birth date of deceased

About 1854

(Month)

(Day)

(Year)

About 95

Months

Days

If less than one day

min.

9. Birthplace

Ohio County Ky

10. Usual occupation

Miner

11. Industry or business

Dont Know

12. Name

Dont Know

13. Birthplace

14. Maiden name Dont Know

15. Birthplace

Dont Know

16(a) Informant's own signature

Lansie Stum

(b) Address

Greenville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place

Greenville Ky

Date 10/4

1939

18(a) Signature of funeral director

Eugene S. Tolbert

(b) Address

Greenville Ky

19(a)

(Date received by local registrar)

Oct. 5, 1939 James Carter

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct; 3

1939

21. I hereby certify that I attended the deceased from

Oct 3 1939

to Oct 3 1939, that I last saw him alive on

Oct 3 1939

1939, and that death occurred on the date

stated above at 11:30 A. M.

Immediate cause of death

Sanility

Due to

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Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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?

(e) Means of injury

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23. Signature

E R Gater

(M. D. or other)

Address

Greenville

Date signed 10-6-39

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.