

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

 State File No. 16241
 Registrar's No. 189

 Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH (a) County <u>Freshburg</u> (b) City or town <u>Rural (Spencer)</u> (c) Name of hospital or institution <u>County House</u> (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 <u>Ky</u> (b) County <u>Freshburg</u> (c) City or town <u>Rural</u> (If outside city or town limits, write RURAL) (d) Street No. <u>Paradise</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years
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3(a) FULL NAME <u>James A. Vandandingham</u>	
3(b) If veteran, Name was _____	3(c) Social Security No. _____
4. Sex <u>M</u>	5. Color or race _____
6(a) Single, widowed, married, divorced _____	

6(b) Name of husband or wife _____			
6(c) Age of husband or wife if alive _____ Years			
7. Birth date of deceased <u>12-22-1865</u> (Month) (Day) (Year)			
8. AGE: Years <u>80</u>	Months <u>5</u>	Days <u>11</u>	If less than one day hr. _____ min. _____

9. Birthplace <u>La</u>	
10. Usual occupation <u>Farmer (Retired)</u>	
11. Industry or business _____	

FATHER	12. Name <u>Oliver C. Vandandingham</u>
	13. Birthplace <u>La</u>
MOTHER	14. Maiden name <u>Margaret Weir</u>
	15. Birthplace <u>Washington Co Ky</u>

16(a) Informant's own signature <u>Ollie Weir</u>	
(b) Address <u>Dawson Spgs Ky</u>	

17. BURIAL, CREMATION, OR REMOVAL	
Place <u>Weir</u>	Date <u>6-3-1946</u>

18(a) Signature of funeral director <u>Kimmel Funeral Home</u>	
(b) Address <u>Draughton Ky</u>	

19(a) <u>7-5-46</u> (Date received by local registrar)	(b) <u>Margaret Hodge</u> (Registrar's signature)
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MEDICAL CERTIFICATION	
20. DATE OF DEATH <u>June 3, 1946</u>	
21. I hereby certify that I attended the deceased from <u>June 1, 1946</u> to <u>June 2, 1946</u> that I last saw him alive on <u>June 1, 1946</u> and that death occurred on the date stated above at <u>845 St.</u>	

Immediate cause of death <u>Lobar Pneumonia</u>	DURATION <u>4 days</u>
Due to <u>(bilateral)</u>	
Other conditions <u>Demility</u> (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 _____
23. Signature <u>Cassell Wilson M.D.</u> (M. D. or other)	
Address <u>Spencer Ky</u> Date signed <u>6/12/46</u>	

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.