

Form V. S. 1-A

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

5727

File No. _____

Registered No. _____

1. PLACE OF DEATH

County MartinVot. Pct. 1Inc. Town ParadiseCity KyRegistration District No. 1089Primary Registration District No. 6823(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME John W. Vandandingham(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. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, Divorced (write full word) Single

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

6. DATE OF BIRTH

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.

78 1 15

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Retired 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky13. NAME John W. Vandandingham14. BIRTHPLACE MA15. MAIDEN NAME Margaret Weir16. BIRTHPLACE Paradise Ky17. INFORMANT Eli W. Vandandingham
(Address) Paradise Ky18. BURIAL, CREMATION OR REMOVAL
Place Weir Date 2-16-193719. UNDERTAKER J. King
(Address) Drakesboro Ky20. FILED 3-4-1937 Martha D. Fox
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb - 18 - 193722. I HEREBY CERTIFY, That I attended deceased from 2-14-1937 to 2-15-1937I last saw him alive on 2-14-1937, death is said to have occurred on the date stated above, at 6:45 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:Complete paralysis Date of onset 2-13-37

Contributory causes of importance not related to principal cause

Heroin substance due to taking of state of mental illness. Old age, prelatility. Feb 25

Name 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) Geo. L. Crenshaw, M. D.(Address) Rockport, Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and 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.