

CERTIFICATE OF DEATH

File No. 20671Registered No. 981. PLACE OF DEATH
County Muhlenberg
Vet. Pot. A 34
Inc. Town _____Registration District No. 1094
Primary Registration District No. 6542City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME James Rufus Vick
(a) Residence. No. Chaton 142 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 or Divorced (write the word) Single

6a. If married, widowed, or divorced husband of (or) WIFE of _____

6. DATE OF BIRTH 3-7-19357. AGE Yrs. Months Days If LESS than 1 day hrs. or min.
0 5 138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 occupation12. BIRTHPLACE Chaton 14213. NAME Estel Vick14. BIRTHPLACE don't know15. MAIDEN NAME Gla Powell16. BIRTHPLACE Burien Ky17. INFORMANT Mrs. M. Powell(Address) Browder 142

18. BURIAL, CREMATION, OR REMOVAL

Place W. H. Chaffell Date 8-21-3519. UNDERTAKER W. H. Chaffell(Address) Drake 14220. FILED Aug 22, 1935 Vannie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 20, 193522. I HEREBY CERTIFY that I attended deceased from Aug 17, 1935 Aug 20, 1935I last saw him alive on Aug 20, 1935 death in said to have occurred on the date stated above, at 6:00 m. The principal cause of death and related causes of importance in order of onset were as follows:Bronchial Pneumonia Date of onset _____

Contributory causes of importance not related to principal cause: _____

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) Le Roy Hillis, M. D.(Address) Central City Ky

N. B. WRITE PLAINLY. IN 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.