

21037

State File No. 230  
Registrar's No. 230

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

Form V. B. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2471

1. PLACE OF DEATH:  
(a) County Magalloway Rural  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: \_\_\_\_\_  
(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 Kentucky (b) County Magalloway  
(c) City or town \_\_\_\_\_  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Stephen A. Dick

3(b) If woman, Name was Frank Anderson 3(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6(a) Single, widowed, married, divorced Widowed

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased July 18 1877  
(Month) (Day) (Year)

8. AGE: Years 71 Month 2 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Kentucky

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Bass Dick

13. Birthplace Anderson

MOTHER { 14. Maiden name "

15. Birthplace "

16(a) Informant's own signature Jess James Shipman

(b) Address Central City Ky.

17. BURIAL, CREMATION, OR REMOVAL Robert C. Jones Date 9-20-1944

18(a) Signature of funeral director J. G. Anderson

(b) Address Central City Ky.

19(a) 10-3-44 (Date received by local registrar) Therese Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18th 1944

21. I hereby certify that I attended the deceased from Sept 15 1944

to Sept 17 1944 that I last saw him alive on Sept 15 9:00 A.M.

and that death occurred on the date stated above at 9:00 A.M.

Immediate cause of death Cerebral Thrombosis

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations 94A

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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature J. P. Wallis M.D.

Address Central City Ky. Date signed 9-20-44

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.

REMAIN RESERVED FOR BINDING

cc 10-2-44  
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cc 10-2-44