

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.

MARGIN RESERVED FOR BINDING

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

State File No. **16238**
 Registrar's No. **198**

Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:
 (a) County Muhlenberg Co.
 (b) City or town Beech Creek 157.
 (If outside city or town limits, write RURAL)
 (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 Muhlenberg
 (c) City or town Beech Creek 157.
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME James Wilson Jr
 3(b) If veteran, _____ 3(c) Social Security _____
 Name war _____ No. _____
 4. Sex M 5. Color or race W 6(a) Single, widowed, married divorced Married
 6(b) Name of husband or wife Bessie Wilson
 6(c) Age of husband or wife if alive 67 Years
 7. Birth date of deceased Oct 27 1976
 (Month) (Day) (Year)
 8. AGE: Years 69 Months 8 Days 9 If less than one day hr. _____ min.

9. Birthplace Illinois
 10. Usual occupation Coal Miner
 11. Industry or business _____
 FATHER { 12. Name James Wilson Sr
 13. Birthplace Kentucky
 MOTHER { 14. Maiden name Tiney Ashby
 15. Birthplace Illinois

16(a) Informant's own signature Jim Bob Wilson
 (b) Address Beech Creek 157.

17. BURIAL, CREMATION, OR REMOVAL
 Place Cheney Cem Date July 7, 1946

18(a) Signature of funeral director Carter + Washburn
 (b) Address Beech Creek 157.

19(a) 7-31-46 (Date received by local registrar)
 (b) Marjorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH July 6 1946
 21. I hereby certify that I attended the deceased from July 6 1946 to July 6 1946 that I last saw him alive or stated above at 9 A.M.
 Immediate cause of death Asphyxiation

Other conditions	DURATION
<u>Hypertension</u>	
<u>Heart failure</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)

White at work? _____ (Specify means of injury)
 23. Signature J. P. Wilson
 Address Beech Creek 157 Date signed 7/10/46
 (M. D. or other)

Handwritten: c/o 3164 y. 12-48