

29687

COMMONWEALTH OF KENTUCKY

State File No. 390  
Registrar's No. 390

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

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 1045 Primary Registration District No. 7481

1. PLACE OF DEATH:  
(a) County Madison  
(b) City or town Bevier, Ky.  
(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 Ky. (b) County Madison  
(c) City or town Bevier, Ky.  
(If outside city or town limits, write RURAL)  
(d) Street No. Bevier St. # 34  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME William Edwin Young

3(b) If veteran, ✓ 3(c) Social Security  
Name war ✓ No. ✓

4. Sex Male 5. Color of White 6(a) Single, widowed, married,  
race White divorced Single

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

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

7. Birth date of deceased Dec. 5 1853  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 28  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Madison County

10. Usual occupation Farmer

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

FATHER 12. Name Thomas L. Young

13. Birthplace Madison County

MOTHER 14. Maiden name Rachel Deaver

15. Birthplace McLean County

16(a) Informant's own signature Mrs. Pinkney Young

(b) Address Bevier, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Lewisburg, Ky. Date Dec. 5 1940

18(a) Signature of funeral director H. C. Hargreaves

(b) Address Lewisburg, Ky.

19(a) 12-23-40 (Date received by local registrar)  
(b) Jane Pittman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1940

21. I hereby certify that I attended the deceased from Nov. 29 1940  
to Dec. 4 1940 that I last saw him alive on  
Dec. 3 1940 and that death occurred on the date  
stated above at 12:30 P.M.

Immediate cause of death Stroke from  
burn

DURATION


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

Other conditions \_\_\_\_\_  
(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 12117

23. Signature J. P. Walton, M.D.  
(M. D. or other)

Address Central City, Ky. Date signed 12-11-40

N. B.—WRITE PLAINLY WITH 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.