

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

EUGENE

7402

1 PLACE OF DEATH

County Logan

File No. _____

Vot. Pot. E. L. LunsberryRegistration District No. 19 922Registered No. 922

Inc. Town _____

Primary Registration District No. 6368

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME U. Gear Quinnwater(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 Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH Oct. 11, 1932
(Month) (Day) (Year)7 AGE 4 yrs. 26 mos. 26 ds. IF LESS than 1
day _____ hrs. _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work _____
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) Logan
(State or country)

PARENTS

10 NAME OF FATHER Harley Rainwater11 BIRTHPLACE OF FATHER (city or town) Logan Co
(State or country)12 MAIDEN NAME OF MOTHER Edith Nuckles13 BIRTHPLACE OF MOTHER (city or town) Logan Co
(State or country)14 (Informant) H. B. Rainwater
(Address) Lunsberry 4-315 Filed Nov 19, 1933 Nov 19 1933

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 7, 1933
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____,
that I last saw him alive on _____, 19____,and that death occurred on the date stated above at 6 m.
The CAUSE OF DEATH* was as follows:Sick only a few minutes
could not get a pulse
Return: No. 1000
Witness: (Duration) yrs. mos. ds.Contributory Albert D. L. Long
(Secondary) (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____, M. D.

_____, 19____ (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Crematorium DATE OF BURIAL March 7, 193320 UNDERTAKER H. C. Hargreaves ADDRESS Lunsberry Ky.

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.

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