

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT 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.

Form V. S. 1-A-75m-5-30-33

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Logan

Vot. Dist. Louisburg

Ino. Town _____

City _____

Registration District No. 14922

Primary Registration District No. 6365

File No. 30936

Registered No. 221

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Harley Guinn

(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, Married, Widowed or Divorced (write the word) divorced

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Addie Knuckles

6. DATE OF BIRTH Feb. 19, 1891

7. AGE Years 44 Months 10 Days _____ If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, 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 occupation _____

MOTHER FATHER

12. BIRTHPLACE Logan Co. Ky.

13. NAME Jim Rainwater

14. BIRTHPLACE Todd Co. Ky.

15. MARRIED NAME Bethie Pearson

16. BIRTHPLACE Logan Co. Ky.

17. INFORMANT Joseph J. Rainwater

(Address) Louisburg, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place New Hope Date Dec. 19, 1935

19. UNDERTAKER H. R. Hargraves

(Address) Louisburg, Ky.

20. FILED Dec. 18, 1935 John J. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows:

Died with pneumonia of the lung.

Witnesses: Addie Knuckles
B. J. Pearson

Contributory causes of importance not related to _____

Danora Hyndall
Cecil Hargraves
Doc. Pearson

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 _____

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) _____ M. D.

(Address) _____

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