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Form V. S. 1-A

DEPARTMENT OF COMMERCE Bureau of the Consus

COMMONWEALTH OF KENTUCKY

Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 1311	Primary Registration District No. 23 20
1. PLACE OF DEATH:  (a) County  (b) City or town  (if outside city or town limits, write RURAL)  (c) Name of hospital or institution; Carlos Stockets  (if not in hospital or institution write street number or location)  (d) Length of stay: In hospital or community	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County (c) 3.  (ii) County (c) 3.  (iii) County (c) 3.  (iii) County (c) 3.  (iii) County (c) 3.  (iii) County (c) 4.  (iii) Count
3(a) FULL NAME Chamie Lee Traism	raters
3(b) If veteran,  Name war NO  15. Color or in blanch divorced Manual Color or in the color of t	20. DATE OF DEATH  21. I hereby certify that I attended the deceased from 19 19 19 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day hr. min.	following allingy
9. Birthplace Singson bounty by  10. Usual occupation Stone Reeper  11. Industry or business  12. Name Socace & M Clendon  13. Birthplace Singson bounty by	Other conditions  (Include pregnancy within 3 months of death)  Major findings:  Of operations
14. Maiden name Mary Hebetta Shoulder  15. Birthplace Arether ounty 57	Of autopsy
16(a) Informant's own signature Callie Ma Clindon  (b) Address Franklin Ly K + D 3	22. If death was due to external causes, fill in the following:  (a) Accident, suicide, or hornicide (specify)  (b) Date of occurrence
17. BURIAL PREMATION, OR REMOVAL Place Provider Sicil Date May 2019 4	(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?  (Specify type of place)
18(a) Signature of funtral director of Sauces  (b) Address Symptical Capper	While at work? (c) pleans of injury  23. Signature
19(a) Gate received by local registrar) (b) Oyyoth Window) (Registrar's signature)	Address 3 Man Mark Signed City Co. D. or other)
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