

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 the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. B. 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.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County

(b) City or town

(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

(b) County

(c) City or town

(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.?

years

3(a) FULL NAME

3(b) If veteran,

3(c) Social Security

Name war

No.

4. Sex

5. Color or race

6(a) Single, widowed, married, divorced

6(b) Name of husband or wife

6(c) Age of husband or wife at death

Years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16(a) Informant's own signature

(b) Address

17. BURIAL, CREMATION, OR REMOVAL

Place

Date

18(a) Signature of funeral director

(b) Address

19(a)

(Date received by local registrar)

(b)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I hereby certify that I attended the deceased from

to

that I last saw him alive on

and that death occurred on the date

stated above at

Immediate cause of death

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?

(d) Means of injury

23. Signature

Address

(M. D. or other)

Date signed

#2012