

12337

Form V. S. 1-30m-5-23-27

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

1 PLACE OF DEATH

County MadisonVot. Prec. SumnerRegistration District No. 1061

Registered No. _____

Inc. Town _____

Primary Registration District No. 6229

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give the NAME instead of street and number)2 FULL NAME Russel Perry Hargis(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

1 COLOR OR RACE White 2 Single Married
Married Widowed
Widowed Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH Sept 3
(Month) (Day) (Year)7 AGE 55 yrs. 8 mos. _____ ds. IF LESS THAN 1
day _____ hrs
or _____ 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) _____
(State or country) _____

PARENTS

10 NAME OF FATHER Russel Hargis
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) _____
12 MAIDEN NAME OF MOTHER May C. Moore
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) _____14 (Informant) Test R. Hargis
(Address) Madisonville, Ky.15 Filed May 1, 1932 J. J. Lane
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3 1932
(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 _____ m.
The CAUSE OF DEATH* was as follows:No Sx or Carcass there

Contributory (Duration) _____ yrs. _____ mos. _____ ds.

(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 Cause, 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 DATE OF BURIAL

Madisonville May 1, 1932
20 UNDERTAKER W. J. Lane ADDRESS _____
Madisonville, Ky.

MAKING ENTRIES FOR RECORD

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

No. 2—Every item of information should be carefully classified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, simple terms, so that it may be properly classified. Exact state of OCCUPATION is very important. See instructions on back of certificate.